

Welcome to Talking with Parents about COVID-19 Vaccines for Infants/Toddlers



September 1, 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

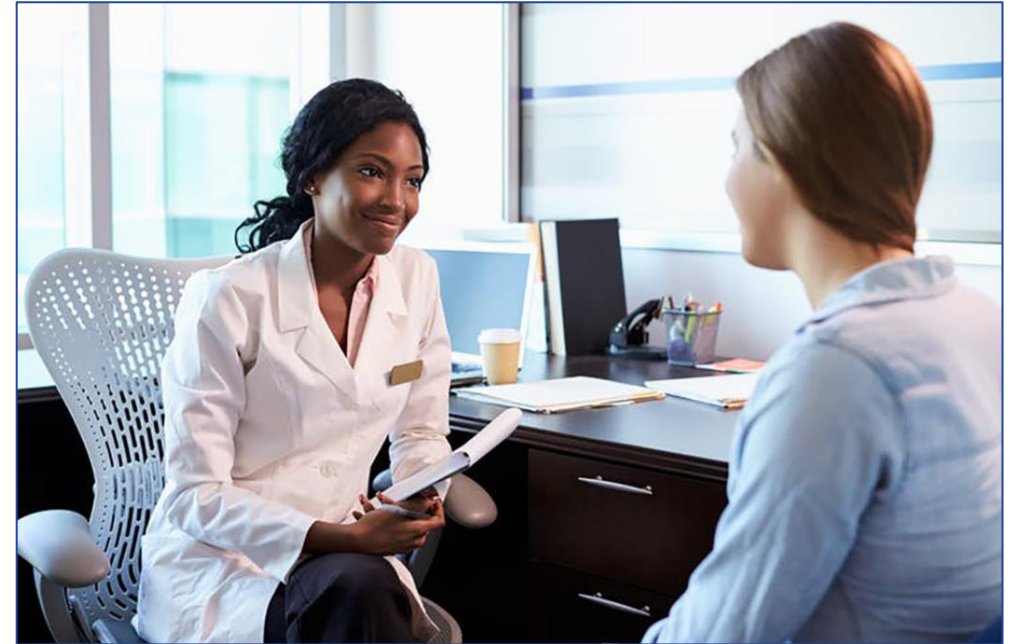
Questions & Answers and Discussion

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



Webinar Objectives

- Understand the burden of COVID-19 infections in infants and toddlers
- Review the data behind COVID-19 vaccines in this age group
- Learn how to discuss COVID-19 vaccinations in an effective and non-confrontational manner



Agenda: Thursday, September 1, 2022

| No. | Item | Speaker(s) | Time (PM) |
|--------------------------------|--|----------------------|---------------|
| 1 | Welcome | Rachel Jacobs (CDPH) | 12:00 – 12:05 |
| 2 | Crucial COVID-19 Conversations Webinar: Vaccination for Infants/Toddlers | Eric Ball, 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



Talking with Parents about COVID-19 Vaccines for Infants/Toddlers

Eric Ball, MD, FAAP

CHOC Children's Primary Care Network

American Academy of Pediatrics, California

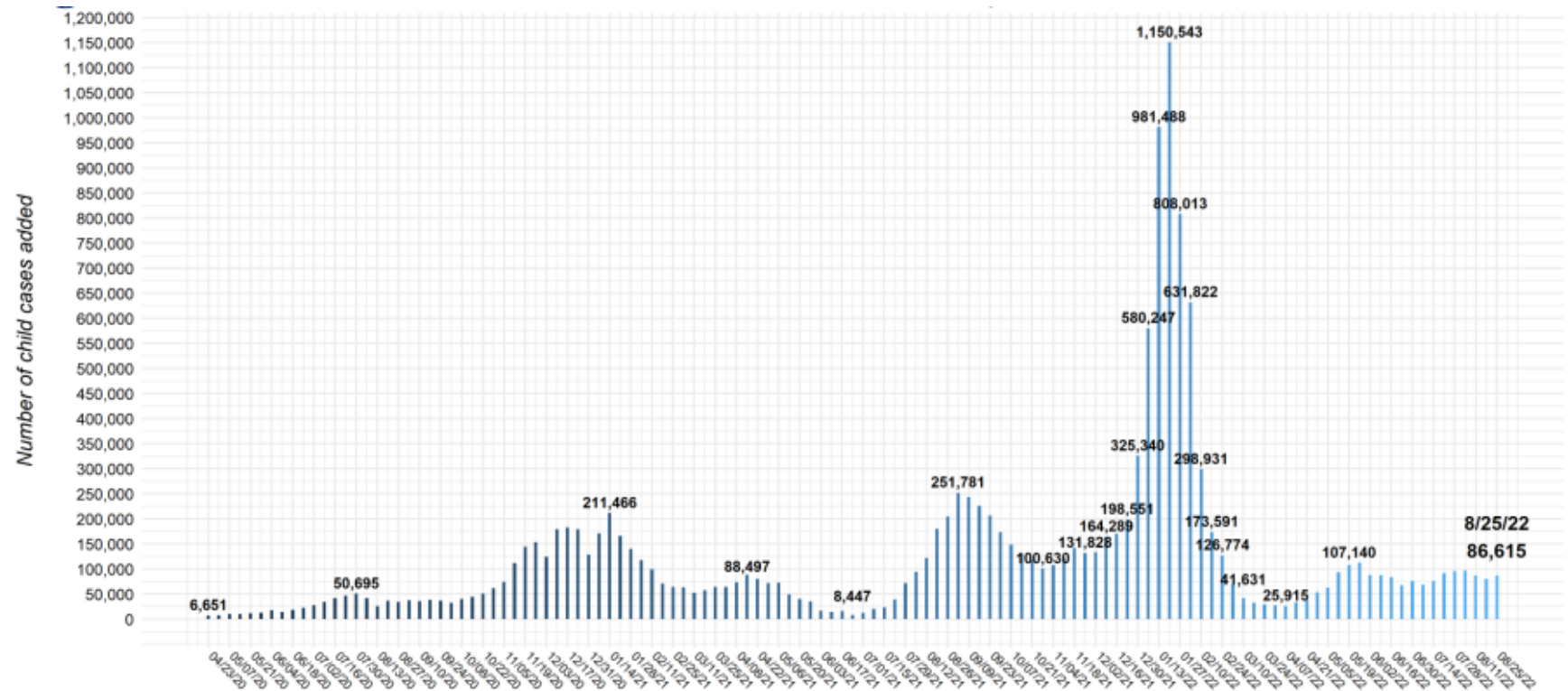
#ThisIsOurShot



Cumulative Number of Pediatric Cases: United States

As of August 25, 2022

- **14,448,662** total pediatric cases
- Eight states reported:
 - over 500,000 pediatric cases
 - 22% or more of cases were in children

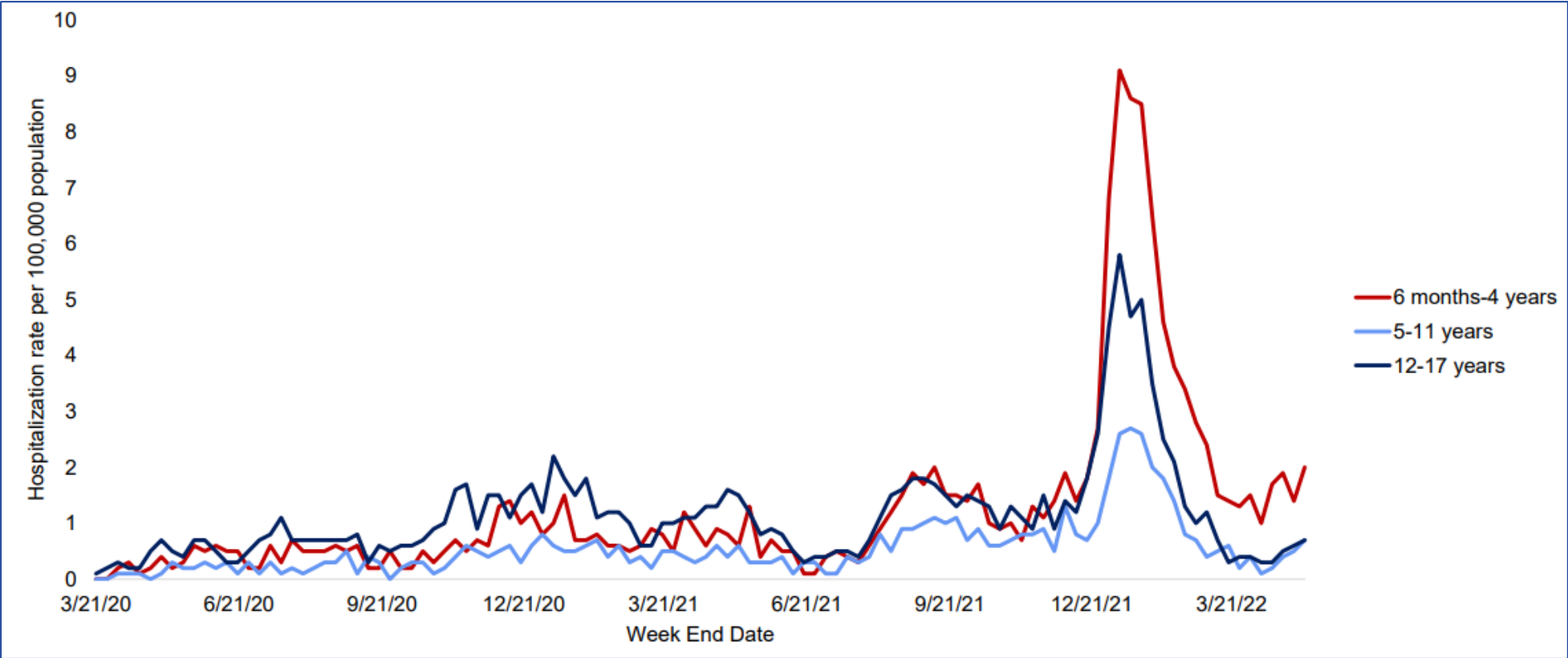


See detail in Appendix: Data from 48 states, NYC, DC, PR, and GU (TX excluded from figure)
 All data reported by state/local health departments are preliminary and subject to change
 Analysis by American Academy of Pediatrics and Children's Hospital Association
 For 7 states, due to available data and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



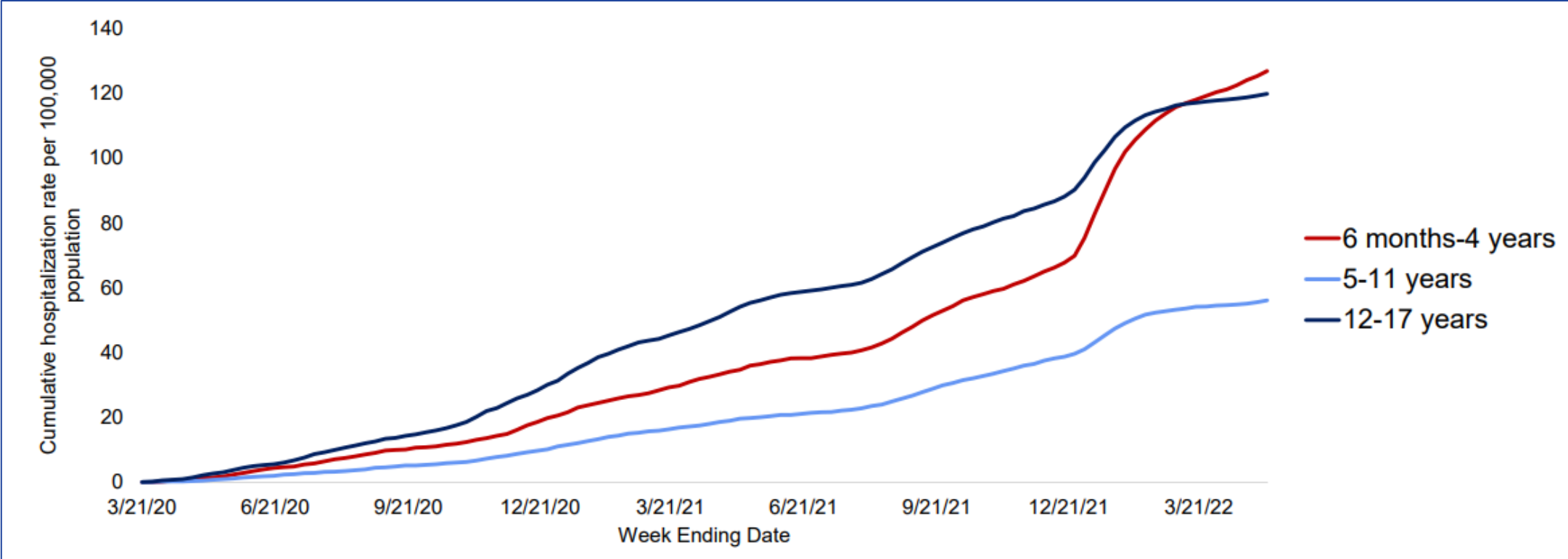
Cumulative COVID-19-Associated Hospitalizations among Children and Adolescents 6 months - 17 years

March 2020 – March 2022



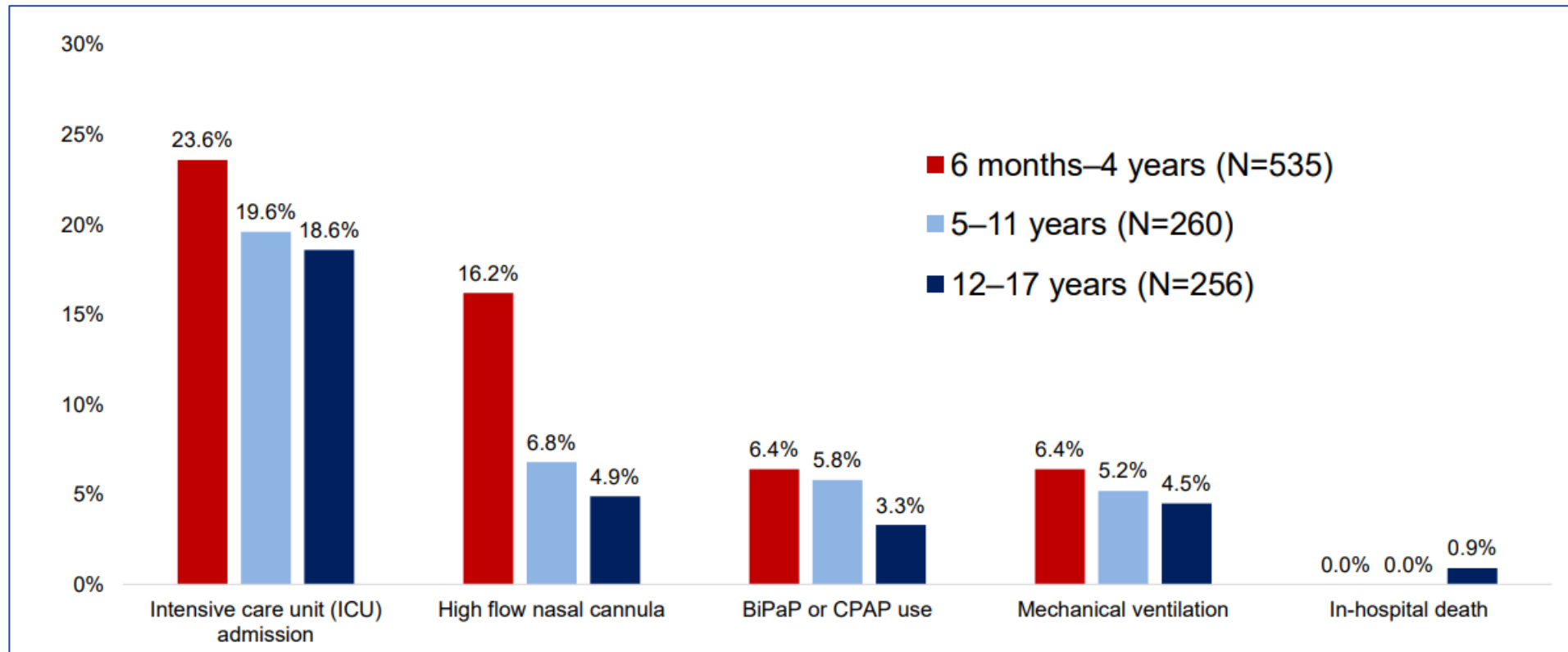
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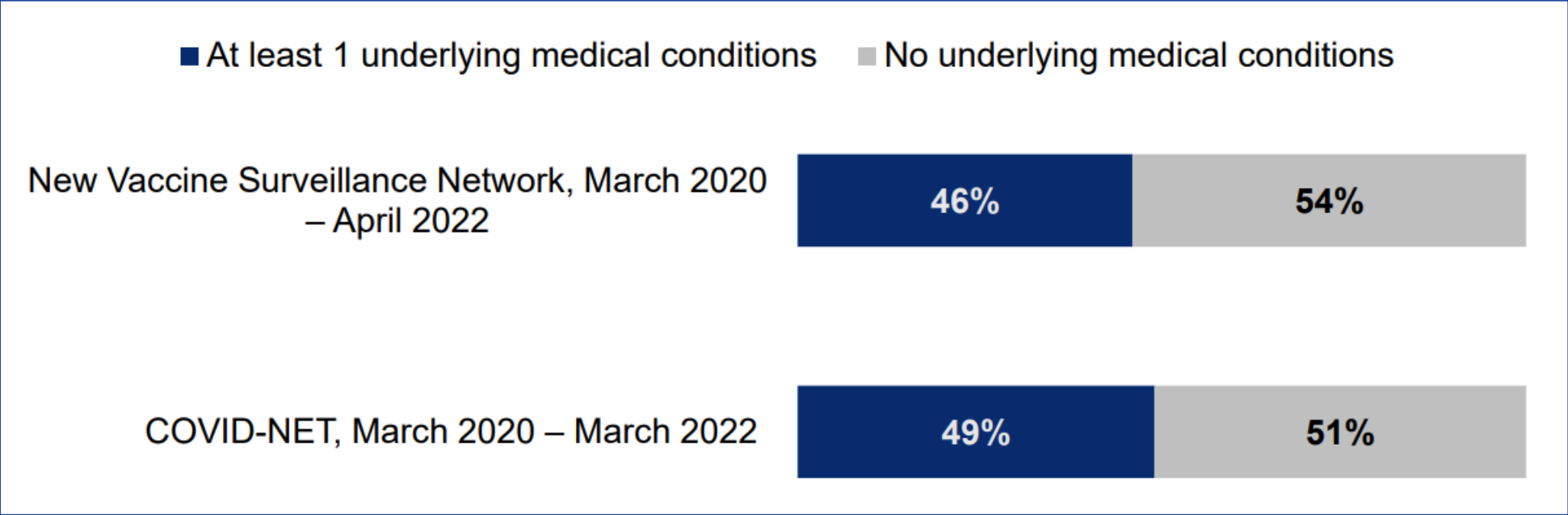
Severity of COVID-19-Associated Hospitalization among Children and Adolescents 6 months – 17 years

December 19, 2021 – March 31, 2022 (Omicron period)



Percent of Children Ages 6 months – 4 years with COVID-19-Associated Hospitalization with Underlying Health Conditions

March 2020 – March 2022



COVID-19 is a Leading Cause of Death among Children Ages 0 – 19 Years

March 1, 2020 – April 30, 2022

| Age group | Rank of COVID-19 among causes of death |
|-------------|--|
| <1 year | 4 |
| 1–4 years | 5 |
| 5–9 years | 5 |
| 10–14 years | 4 |
| 15–19 years | 4 |

Summary: COVID-19 Epidemiology in Children and Adolescents Ages 6 months – 4 years

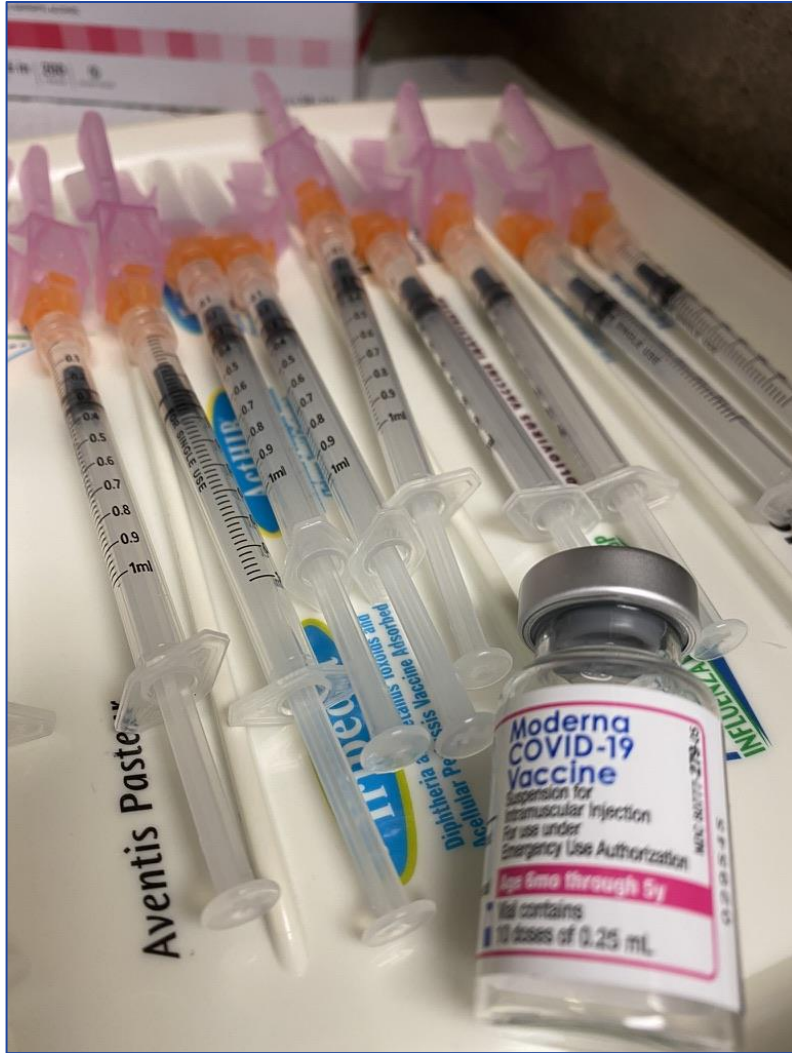
- As of June 12, 2022, COVID-19 has caused **more than 570,000** cases among infants under 1 year and **over 1.9 million cases** among children ages 1 – 4 years.
- Omicron surge in the United States led to the highest number of COVID-19 cases, emergency department visits, and hospitalization rates seen during the pandemic.

Summary: COVID-19 Epidemiology in Children and Adolescents Ages 6 months – 4 years

- Children ages 6 months – 4 years are at risk of severe illness from COVID-19.
 - More than half of hospitalized children ages 6 months – 4 years had no underlying conditions.
 - During Omicron predominance, COVID-19-associated hospitalizations among children ages 6 months – 4 years have similar increased severity compared to older children and adolescents.
 - Burden of COVID-19 hospitalization is similar to or exceeds that of other pediatric vaccine-preventable diseases.
- COVID-19 pandemic continues to have a significant impact on families and increases disparities.

COVID-19 Vaccine Timeline

- June 15, 2022: Federal Food and Drug Administration (FDA) Vaccines and Related Biological Products Advisory Committee (VRBPAC) met and recommended Emergency Use Authorization (EUA) for:
 - Moderna COVID-19 vaccine in children 6 months through 5 years
 - Pfizer-BioNTech COVID-19 vaccine in children 6 months through 4 years
- FDA officially authorized both on June 17
- CDC Advisory Committee on Immunization Practices (ACIP) met on June 17 and 18 and unanimously endorsed the recommendation that all children 6 months through 4 years should receive vaccination.
- CDC ACIP recommended Moderna's COVID-19 vaccine for 6-17-year-olds on June 23.



Where are Infants/Toddlers Getting Vaccinated?

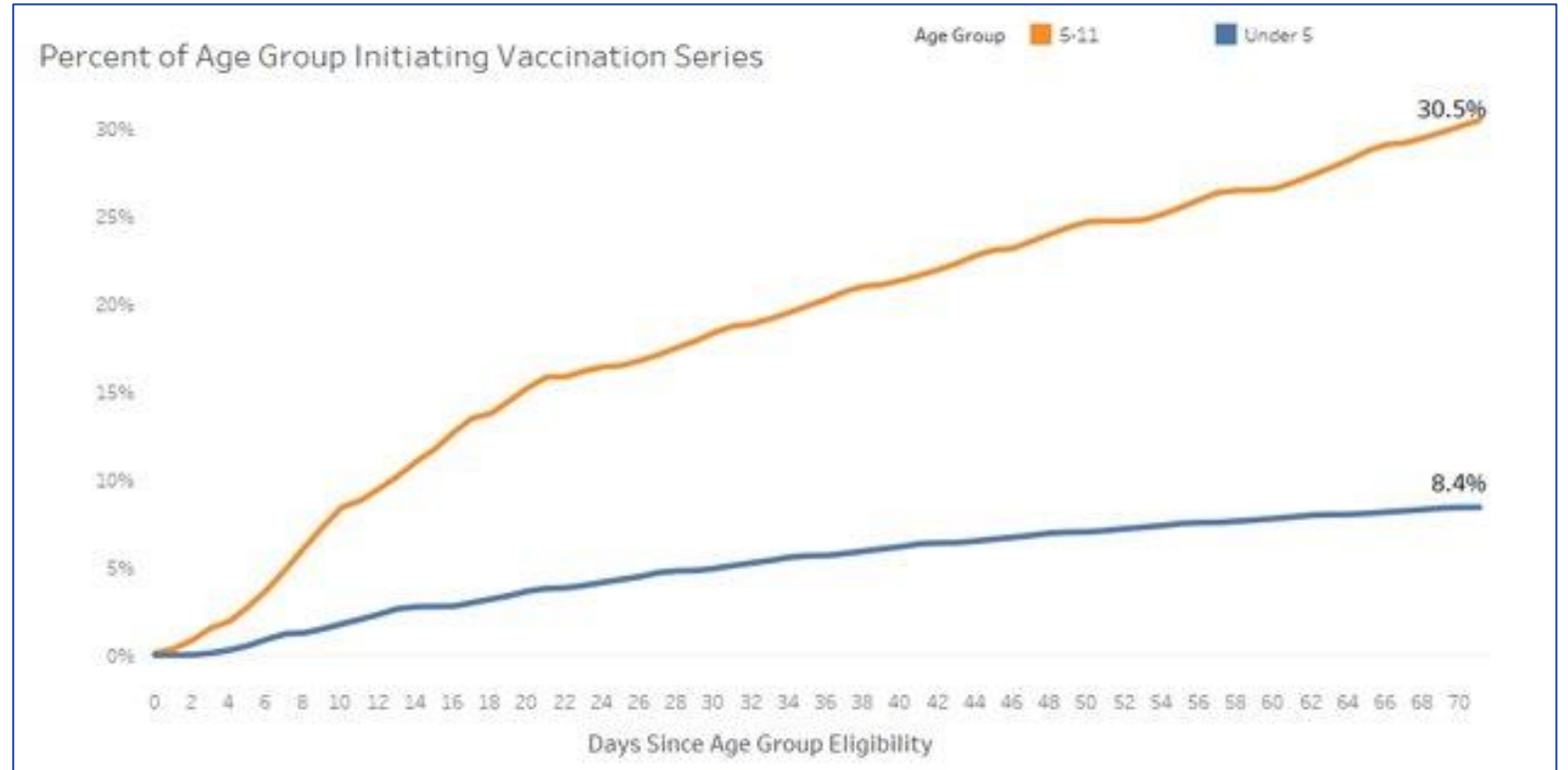
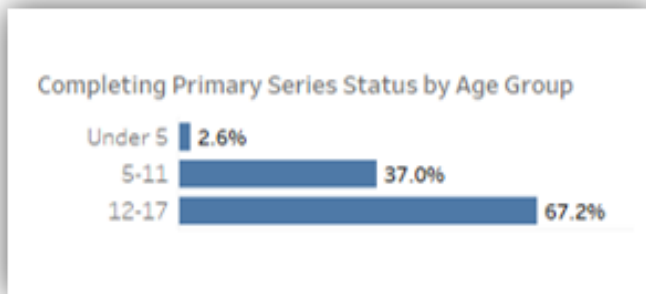
- Pharmacies have a diminished role
- Pop-up events (childcare, Women, Infants, and Children [WIC])
- *More Primary Care Providers are needed!*
 - Vaccines for Children (VFC) and non-VFC providers
 - Medical home is a trusted source of care, and most have established relationships and familiarity with childhood immunizations.



Infant/Toddler Vaccination Trends: California

as of August 29, 2022

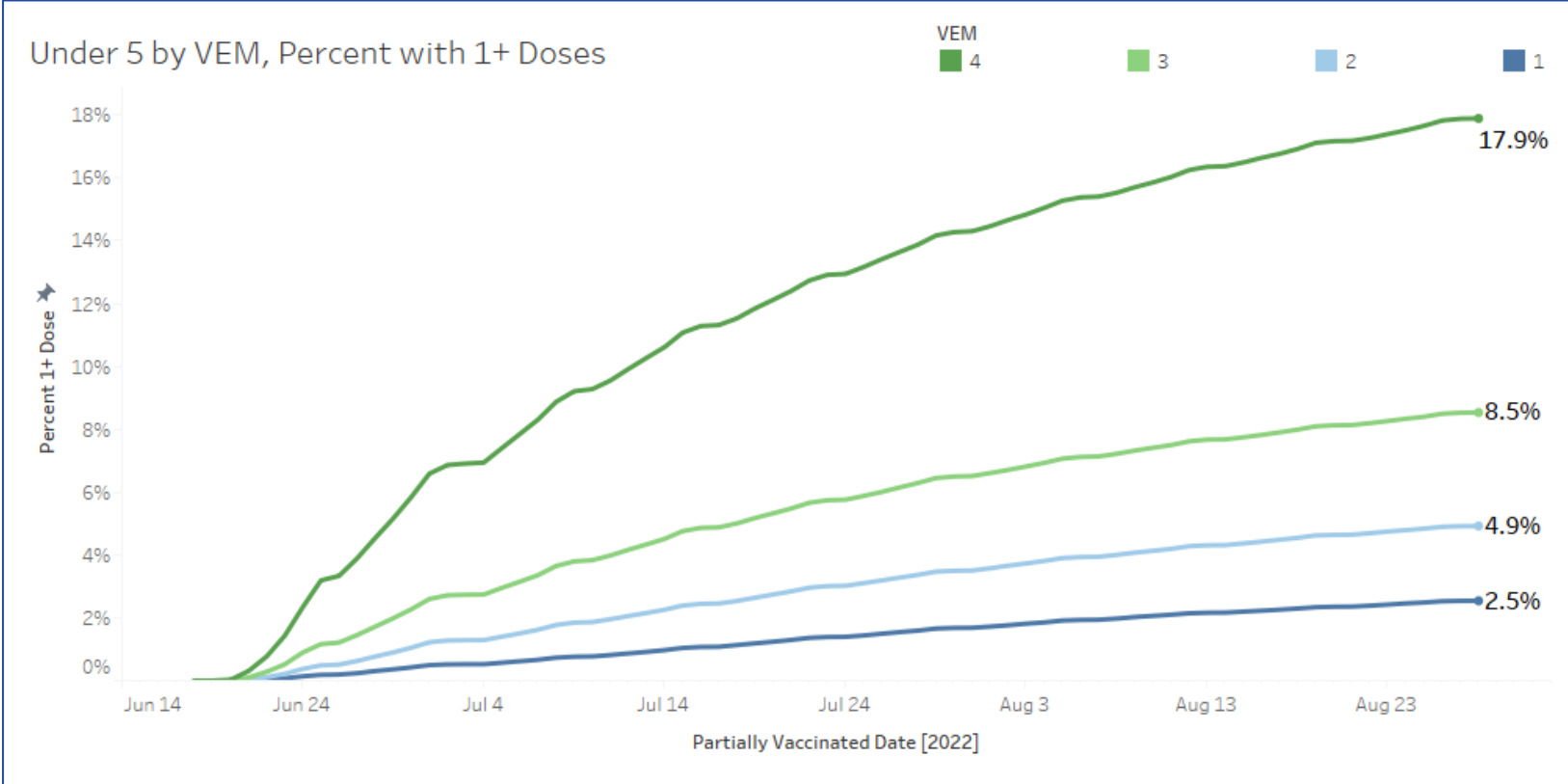
- **8.4%** of children under 5 have initiated primary series
- **2.6%** of children under 5 have completed their primary series



Disparities in Infant/Toddler Vaccination Trends: California

as of August 29, 2022

- Disparities in vaccination coverage rates by Vaccine Equity Metric Quartile after the first ten weeks of eligibility
- Children living in the Most Healthy Places are >7 times more likely to have initiated vaccination than children living in the Least Healthy Places

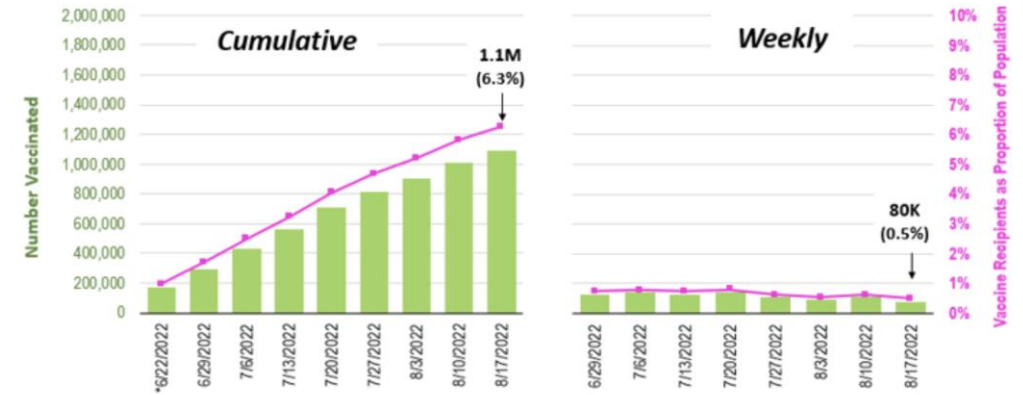


15.4% pts

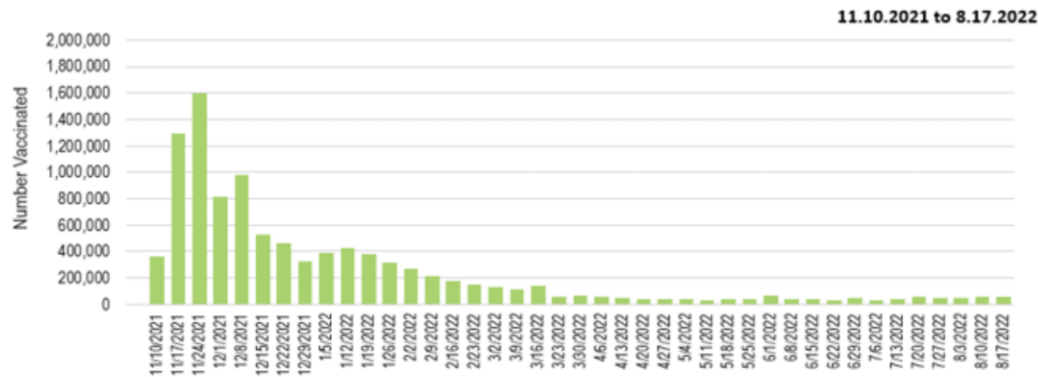
Pediatric Vaccination Trends: United States

Our vaccination efforts are slowing.

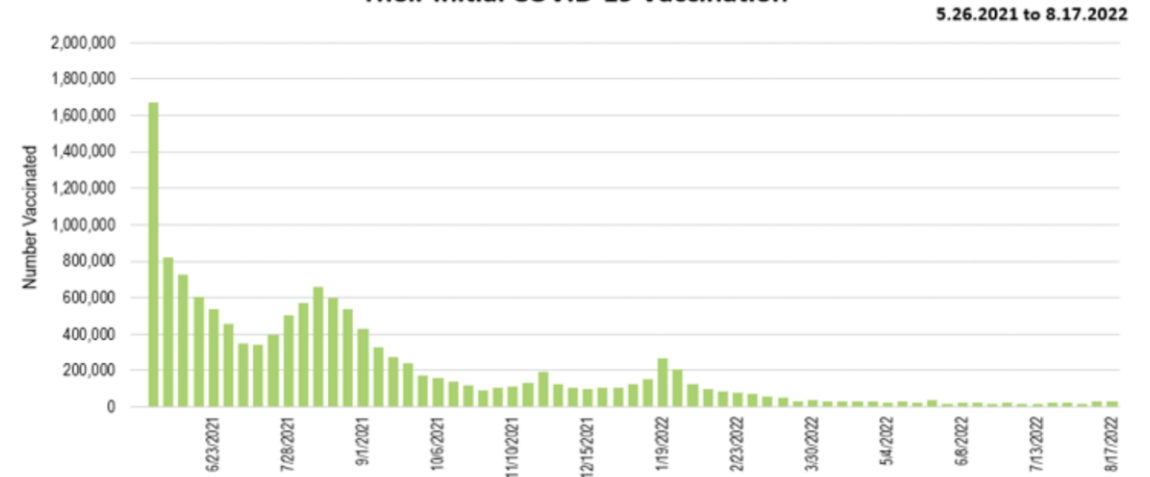
Number and Proportion of US Infants and Children Ages 6 Months - 4 Years Receiving Initial Dose of COVID-19 Vaccine 6.22.2022 to 8.17.2022



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

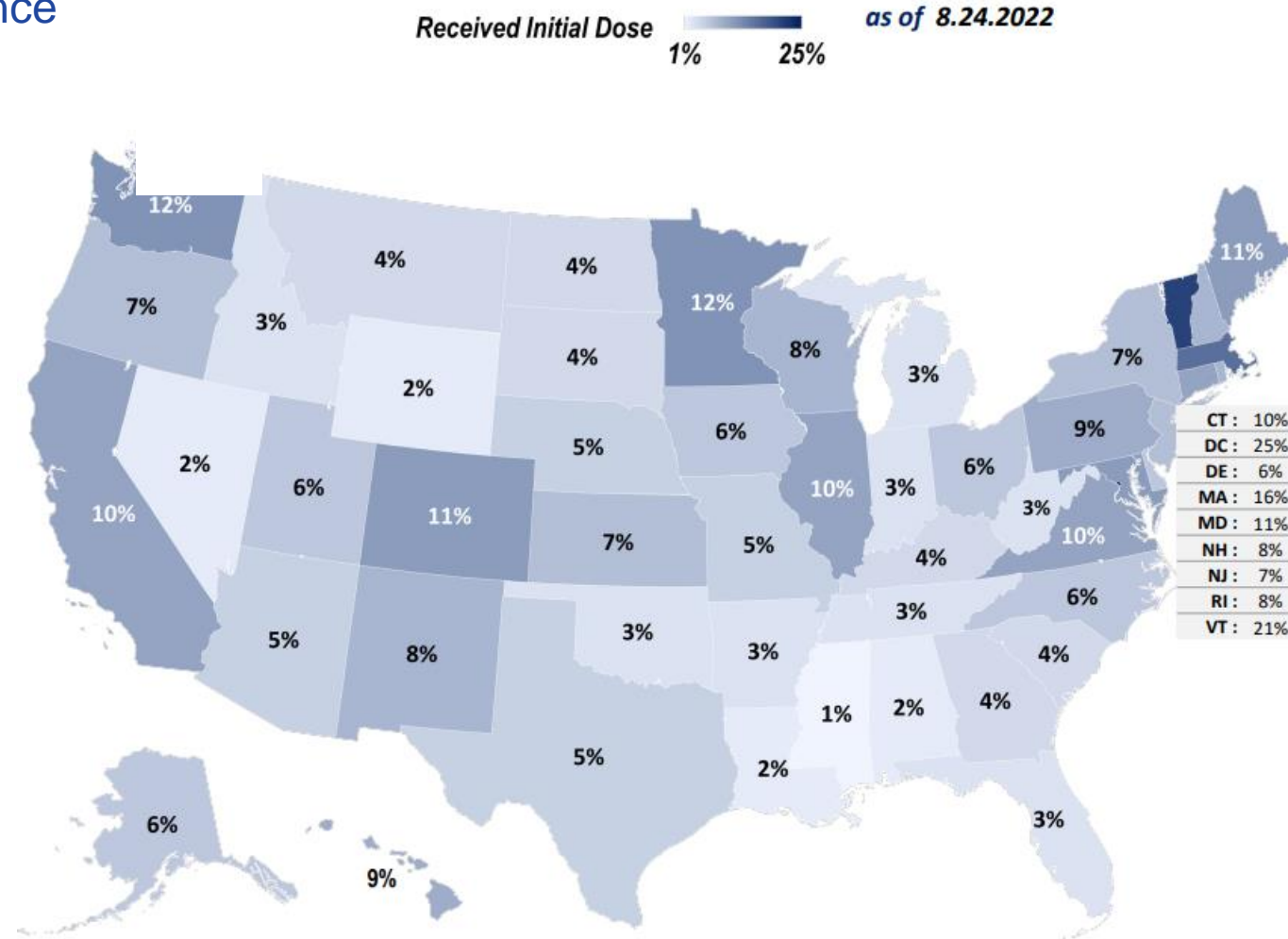


Weekly Increase in the Number of US Children Ages 12-17 Receiving Their Initial COVID-19 Vaccination



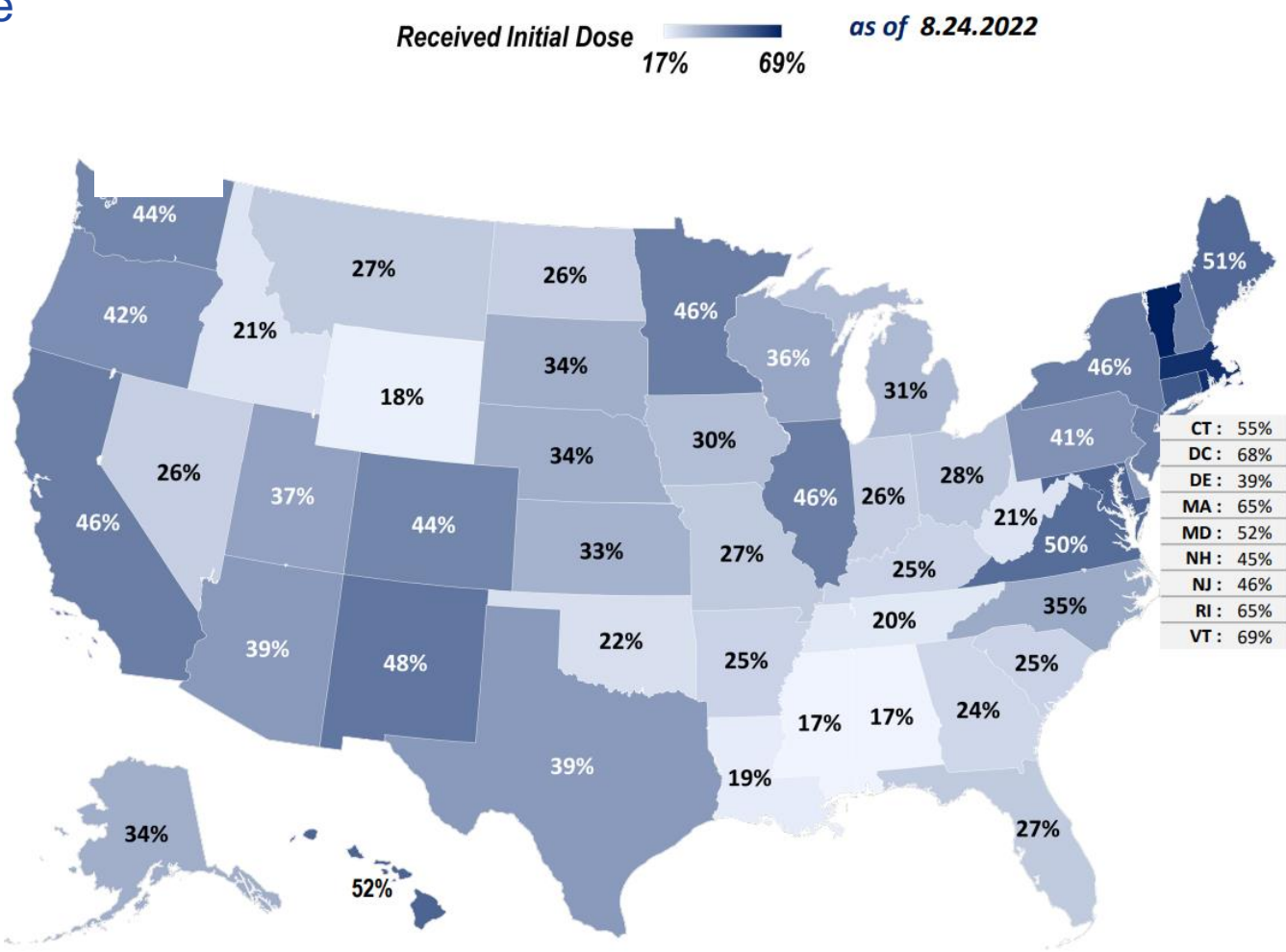
Proportion of U.S. Children Ages 6 Months – 4 Years Who Received the Initial Dose of the COVID-19 Vaccine

by State of Residence



Proportion of U.S. Children Ages 5 – 11 Years Who Received the Initial Dose of the COVID-19 Vaccine

by State of Residence



Proportion of U.S. Children Ages 12 – 17 Years Who Received the Initial Dose of the COVID-19 Vaccine

by State of Residence

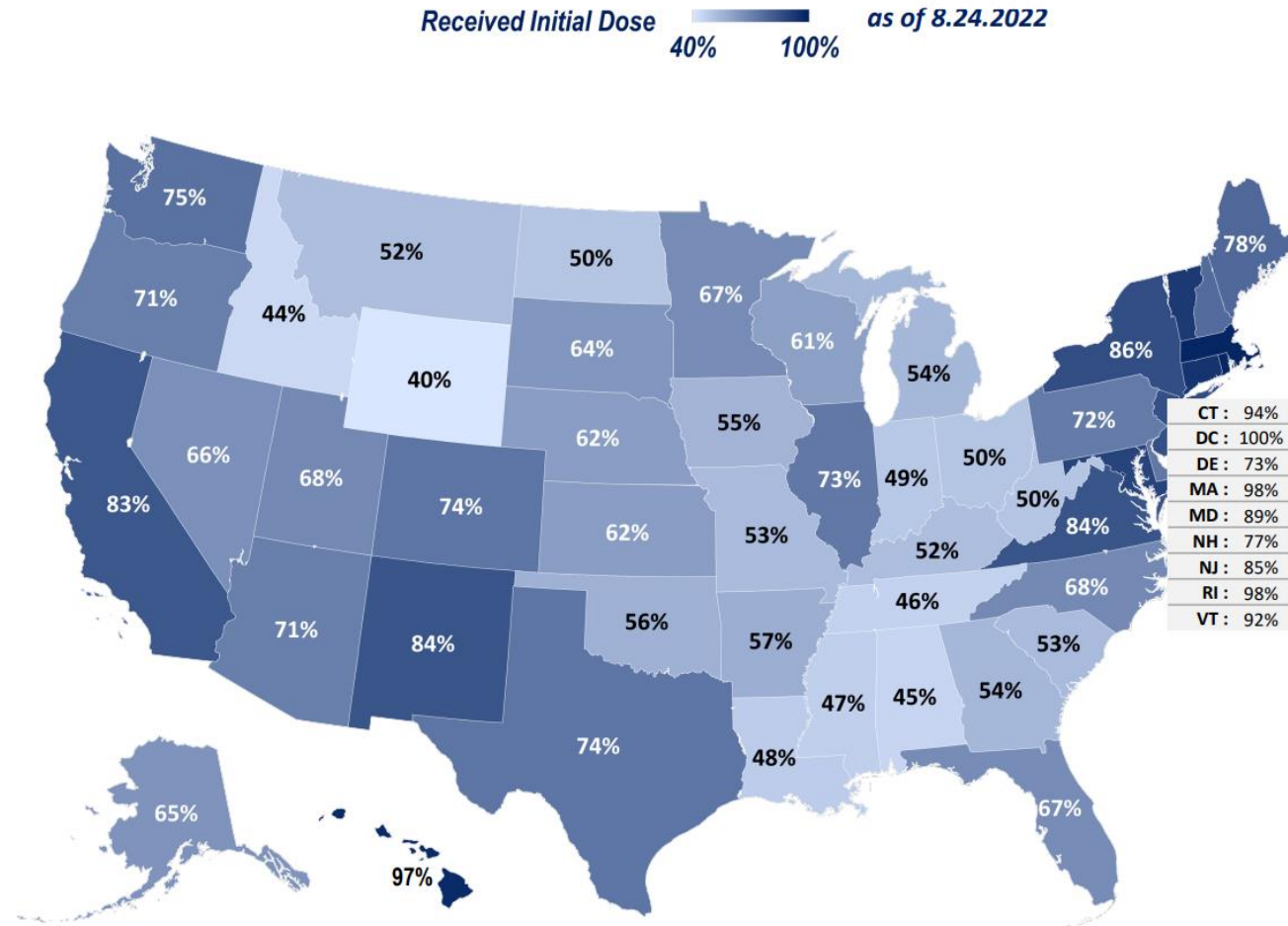
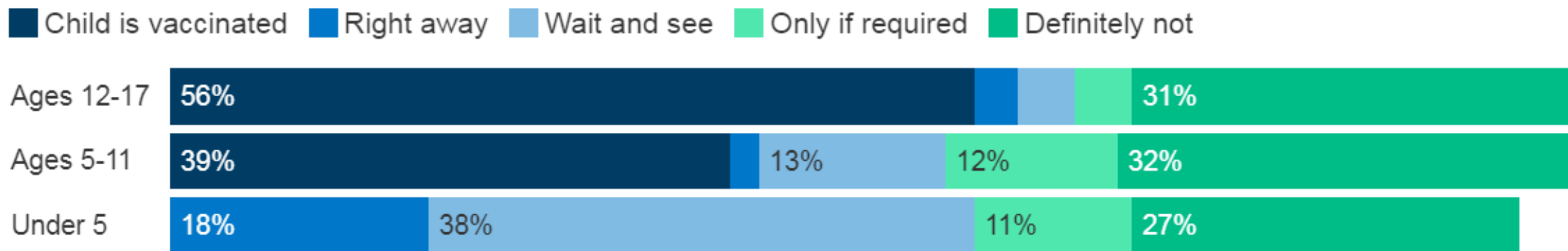


Figure 1

One In Five Parents Of Children Under 5 Want To Vaccinate Their Child For COVID-19 Right Away When Authorized, But Four In Ten Want To Wait And See

Thinking about your child between the ages of...have they received at least one dose of a COVID-19 vaccine, or not? If not, do you think you will get them vaccinated...?



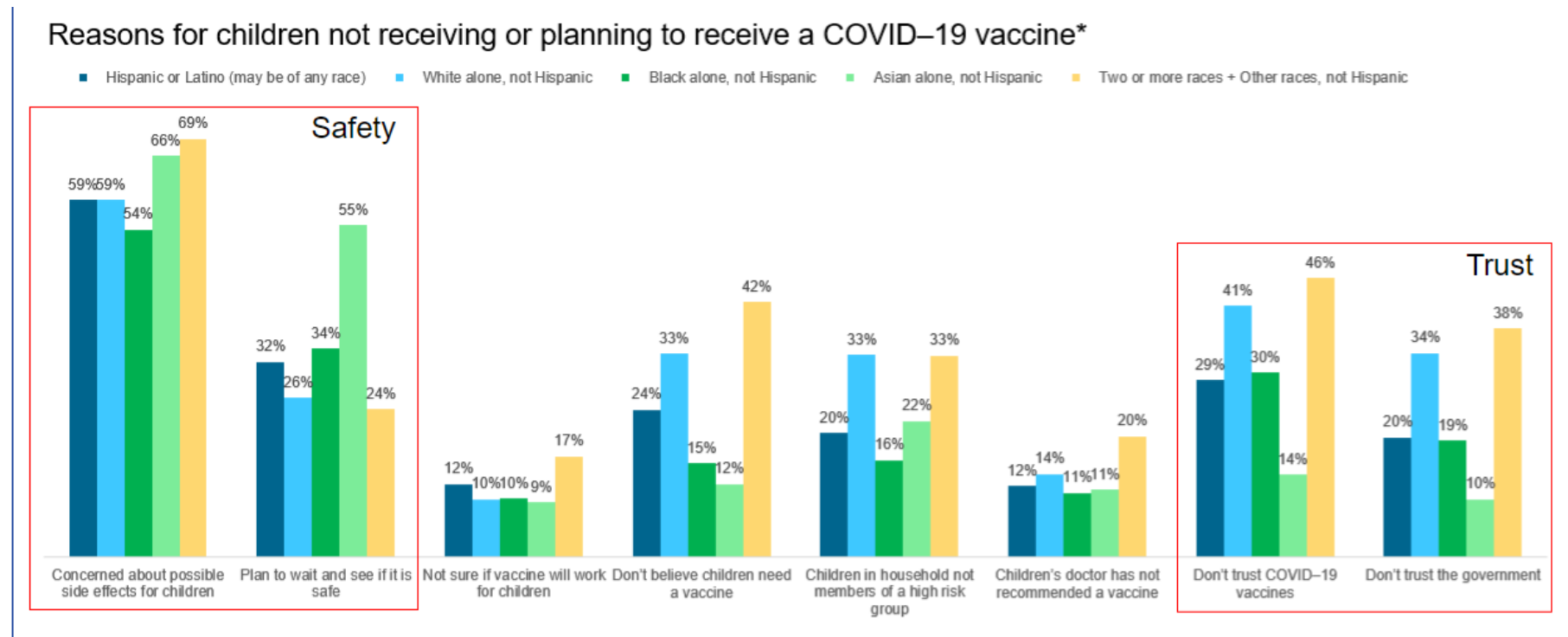
NOTE: Asked of parents or guardians of children under 18. For parents of children under 5, question was worded "Thinking about your child under the age of 5, once there is a COVID-19 vaccine authorized and available for your child's age group, do you think you will...?" See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor (April 13-26, 2022) • [PNG](#)

[KFF COVID-19 Vaccine Monitor](#)

Discussing COVID-19 Vaccines: Raising Awareness and Urgency

- Parents may be unaware that their infants/toddlers are eligible for COVID-19 vaccines.
- Parents may not think their children need the COVID-19 vaccine.
- Vaccine safety is a top concern among parents.



Coadministration of COVID-19 Vaccines with other Vaccines

- In general, COVID-19 vaccines may be administered without regard to timing of other vaccines. This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day.
- However, there are additional considerations for Moderna, Novavax, and Pfizer-BioNTech COVID-19 vaccines if administering an orthopoxvirus vaccine.
- 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.

COVID-19 Vaccine Coadministration Tips



Routine and flu vaccines may be administered on the same day as COVID-19 vaccines.

Considerations—What are the risks of:

- Missing recommended vaccines and catching COVID-19 or other vaccine-preventable diseases before the next appointment?
- Reactions from each vaccine?

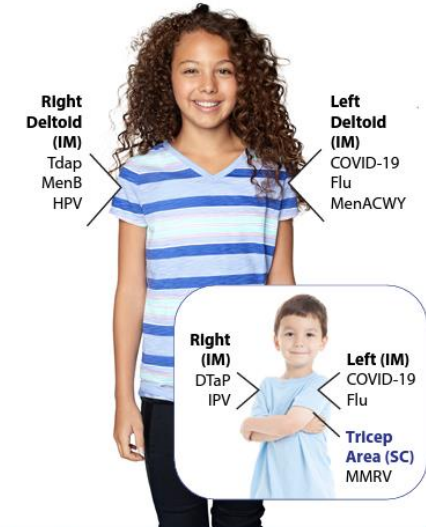
Organize syringes:

- Label each syringe with vaccine name, dosage, lot number, initials of the preparer, and the exact beyond-use time.
- Place syringes on a clean tray, grouping vaccines by administration site.

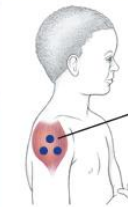
Patient Care:

- When possible, administer the COVID-19 vaccine in a different arm from vaccines more likely to cause a local reaction (e.g., tetanus-toxoid-containing vaccines).
- Give the most painful injections last (e.g., MMR, HPV).
- If patient is anxious, try using these tips to ease anxiety during vaccination.
- After administration, observe patient for 15 minutes (30 minutes if at increased risk for anaphylaxis). Report any adverse events to VAERS.

Examples for preteens and kids:



Separate injection sites by 1 inch or more, if possible.



Administer COVID-19 vaccines by intramuscular (IM) injection.

Age: 3 years and older

- Site:** Deltoid muscle, above the level of the armpit
- Needle:** 1 inch, 22-25 gauge (1 1/2 inches for larger patients)
- Bunch up the muscle and insert entire needle at a 90° angle

Refer to CDC product info for administration steps by product.



Under 3 years

- Site:** Vastus lateralis muscle, in the anterolateral thigh (outside of the leg in the mid- to upper-thigh)
- Needle:** 1 inch, 22-25 gauge
- Bunch up the muscle and insert entire needle at a 90° angle



Vaccine Safety

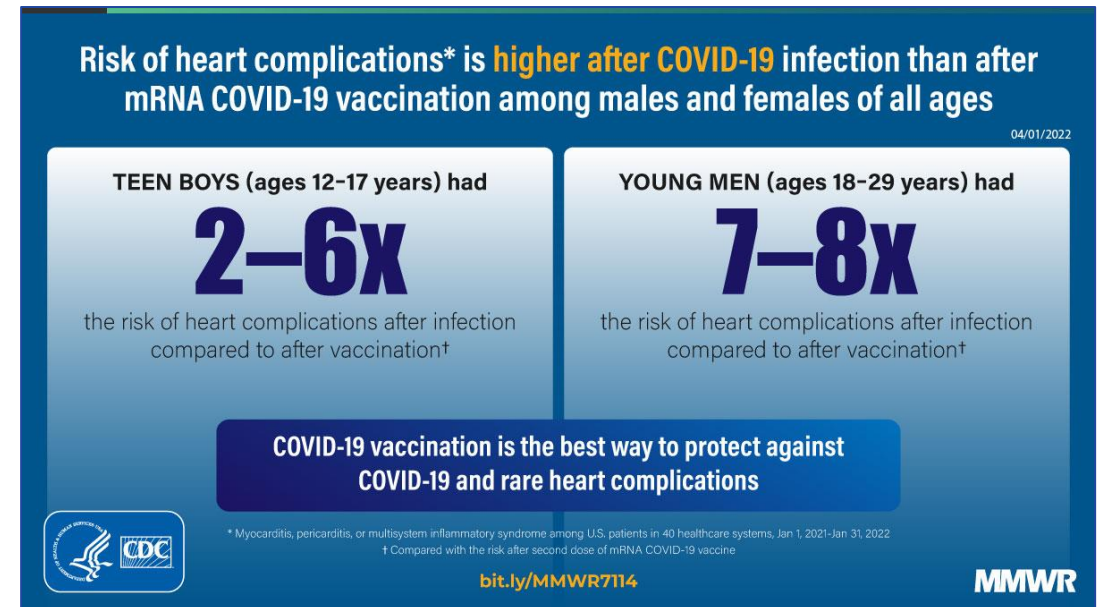
- COVID-19 vaccines are safe. Over 220 million people, including over 23 million children, have safely received the COVID-19 vaccine in the United States and are now protected against serious COVID-19 infection.
- Getting vaccinated is much, much safer than the risks of getting sick with COVID-19.

Vaccine Safety: Myocarditis

A recent study of almost 50,000 children ages 5-11 who received their COVID vaccine showed few serious side effects of the vaccine, including a much lower rate of myocarditis versus older groups.

Vaccine Safety: Myocarditis

- Myocarditis, or inflammation of the heart, is a rare side effect of some COVID-19 vaccines, but in school-aged children, myocarditis has been very rare.
- 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.
- No cases of myocarditis seen in clinical trials for children 6 months – 5 years.



Vaccine Safety: Myocarditis

- 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 to myocarditis from MIS-C and COVID-19 infection.

Vaccine Safety: Fertility & Pregnancy

- The vaccine has not been shown to affect fertility.
- Many recent studies found no differences in pregnancy rates among people who are vaccinated versus people who have not received the vaccine.
- The vaccine has been safely given to over 200,000 pregnant people.



COVID-19 Vaccine and Pregnancy

COVID-19 vaccines are a safe way to protect you and your baby.

Pregnant people who get COVID-19 are at higher risk for severe illness than people who are not pregnant.

Complications due to COVID-19 during pregnancy can lead to:

- hospitalization
- breathing issues which may require a ventilator
- high blood pressure
- bleeding disorders
- preterm delivery
- stillbirth
- death

Protect yourself and your developing fetus against COVID-19 by getting vaccinated and boosted

The best way to protect against COVID-19 is by staying current on COVID-19 vaccines and boosters when eligible. COVID-19 vaccines can lower your chances of getting very sick or needing to be hospitalized from COVID-19. That's why it's recommended by every major maternal health organization.

[Vaccines are safe in all three trimesters](#), and they are FREE.

Talk to your health care provider to discuss which of the available [COVID-19 vaccines and boosters are best for you](#).

Additional information about the COVID-19 vaccine and pregnancy

- Vaccines give you antibodies, which teach your body how to fight against COVID-19.
- Vaccinated pregnant people pass antibodies to their developing fetus in the womb, so the baby is born with some protection from day one.
- Millions of pregnant people have been safely vaccinated against COVID-19.
- Side effects are normal. You may experience body aches, chills, and tiredness. Contact a health care provider if you have any questions or concerning side effects or if you have a fever.
- Visit [MyTurn.ca.gov](https://myturn.ca.gov) to schedule your vaccine appointment or call a health care provider

 Visit this document on the CDPH website

 CDPH
California Department of Public Health

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Vaccine Effectiveness Against Disease

- Preliminary data on Pfizer vaccine for children 6 months through 4 years shows it is **73%** effective in preventing COVID-19 disease
 - Between March and June 2022 (during testing), there were **21** COVID-19 cases among the **351** children who got placebo shots, compared to just **13** among the **794** children given three vaccine doses.

U.S. Reports to VAERS Among Children after Primary Series Pfizer-BioNTech (ages 6 months – 4 years) or Moderna (ages 6 months – 5 years) Vaccination

As of August 21, 2022

| Manufacturer | Doses admin [†] | Total reports | Median age | Male [‡] n (%) | Female [‡] n (%) | Non-serious n (%) | Serious [§] n (%) | Myocarditis reports (n) |
|-----------------|--------------------------|---------------|----------------|-------------------------|---------------------------|-------------------|----------------------------|-------------------------|
| Pfizer-BioNTech | 890,378 | 496 | 3 years | 249 (50) | 245 (49) | 486 (98) | 10 (2) | 0 |
| Moderna | 664,484 | 521 | 2 years | 272 (52) | 240 (46) | 512 (98) | 9 (2) | 0 |
| Total | 1,554,862 | 1,017 | 3 years | 521 (51) | 485 (48) | 998 (98) | 19 (2) | 0 |

* Among children ages 6 months–4 years after Pfizer-BioNTech, and among children ages 6 months–5 years after Moderna, vaccinated during June 18–August 21, 2022; reports received and processed as of August 23, 2022

[†] Dose 1 and dose 2 administered among children described in previous footnote during June 16–August 18, 2022.

[‡] 2 reports after Pfizer-BioNTech and 9 reports after Moderna did not have sex reported

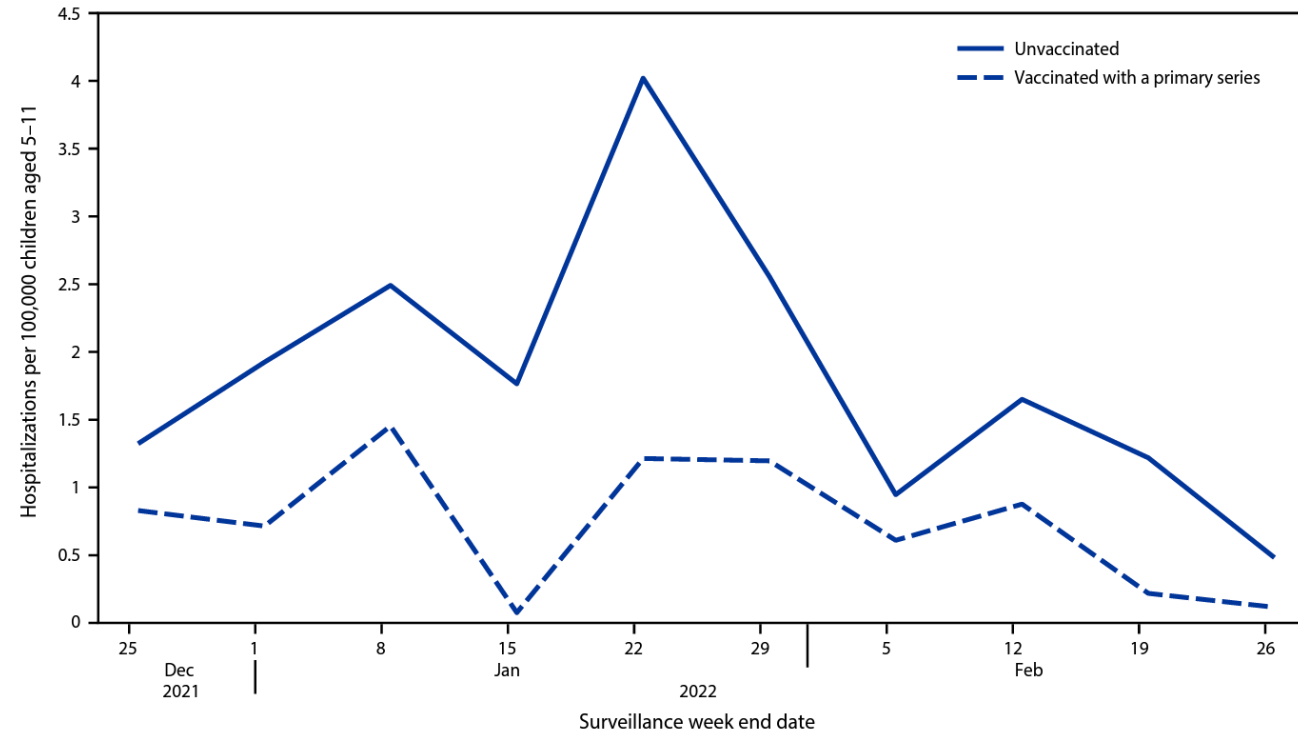
[§] Based on the Code of Federal Regulations if one of the following is reported: death, life-threatening illness, hospitalization or prolongation of hospitalization, permanent disability, congenital anomaly or birth defect



Vaccine Effectiveness Against Hospitalization

During the Omicron period, unvaccinated children were more than **twice as likely** to be hospitalized for COVID.

FIGURE. Weekly COVID-19–associated hospitalization rates* among children aged 5–11 years, by vaccination status† during the Omicron-predominant period — COVID-NET,§ 11 states, December 25, 2021–February 26, 2022



Abbreviation: COVID-NET = COVID-19–Associated Hospitalization Surveillance Network.

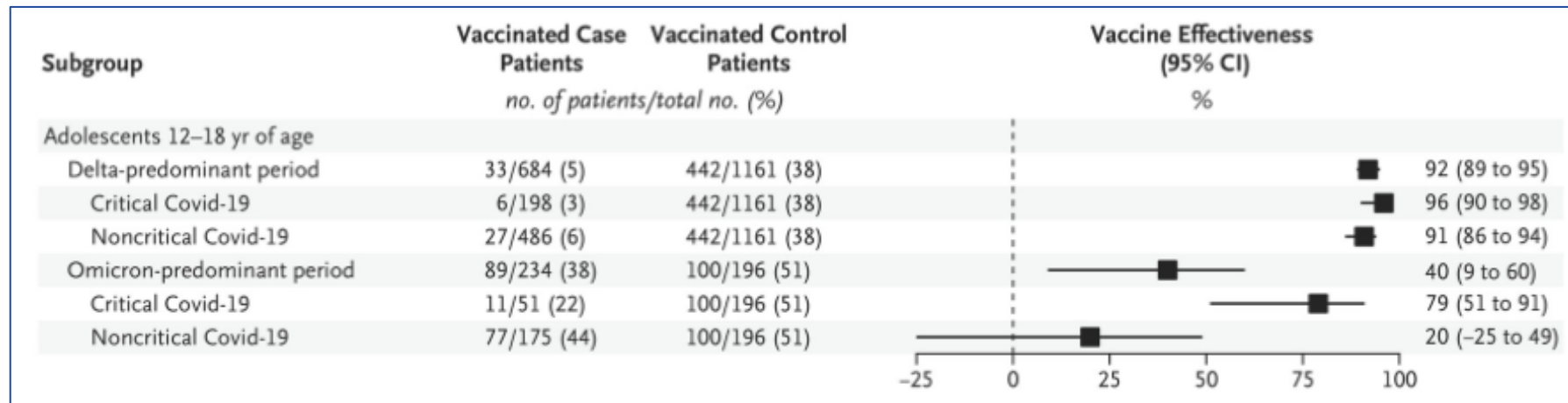
* Number of children aged 5–11 years with laboratory-confirmed COVID-19–associated hospitalizations per 100,000 population; rates are subject to change as additional data are reported.

† Children who completed their primary COVID-19 vaccination series were defined as those who had received the second dose of a 2-dose series ≥ 14 days before receipt of a positive SARS-CoV-2 test result associated with their hospitalization.

§ COVID-NET sites during the period shown are in the following 11 states: California, Colorado, Connecticut, Georgia, Minnesota, New Mexico, New York, Ohio, Oregon, Tennessee, and Utah.

Vaccine Effectiveness Against Hospitalization

Vaccination lowered the risk of critical COVID hospitalization by 79% during the Omicron period.



Vaccine Effectiveness Against Multisystem Inflammatory Syndrome (MIS-C)

- 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).

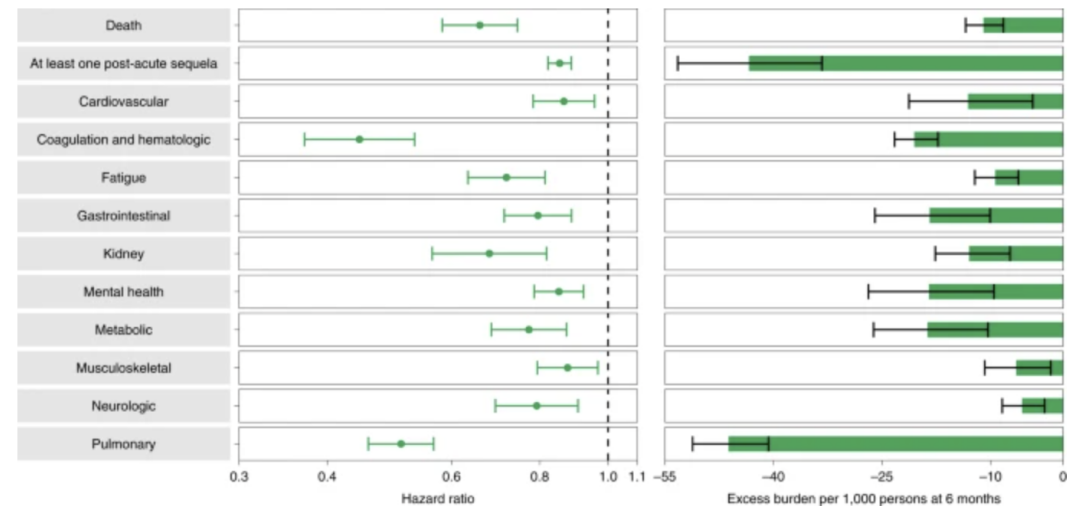
Vaccine Effectiveness against Diabetes

Children infected with COVID-19 were found to be more likely to develop diabetes than those without COVID-19. Vaccination may lower this risk.

Vaccine Effectiveness Against Long COVID

- We are still learning about Long COVID in children. Children have reported ongoing respiratory, cardiac, neurologic, and other symptoms following COVID-19 infection.
- Research in adults suggests that people who are vaccinated against COVID-19 are less likely to develop Long COVID.

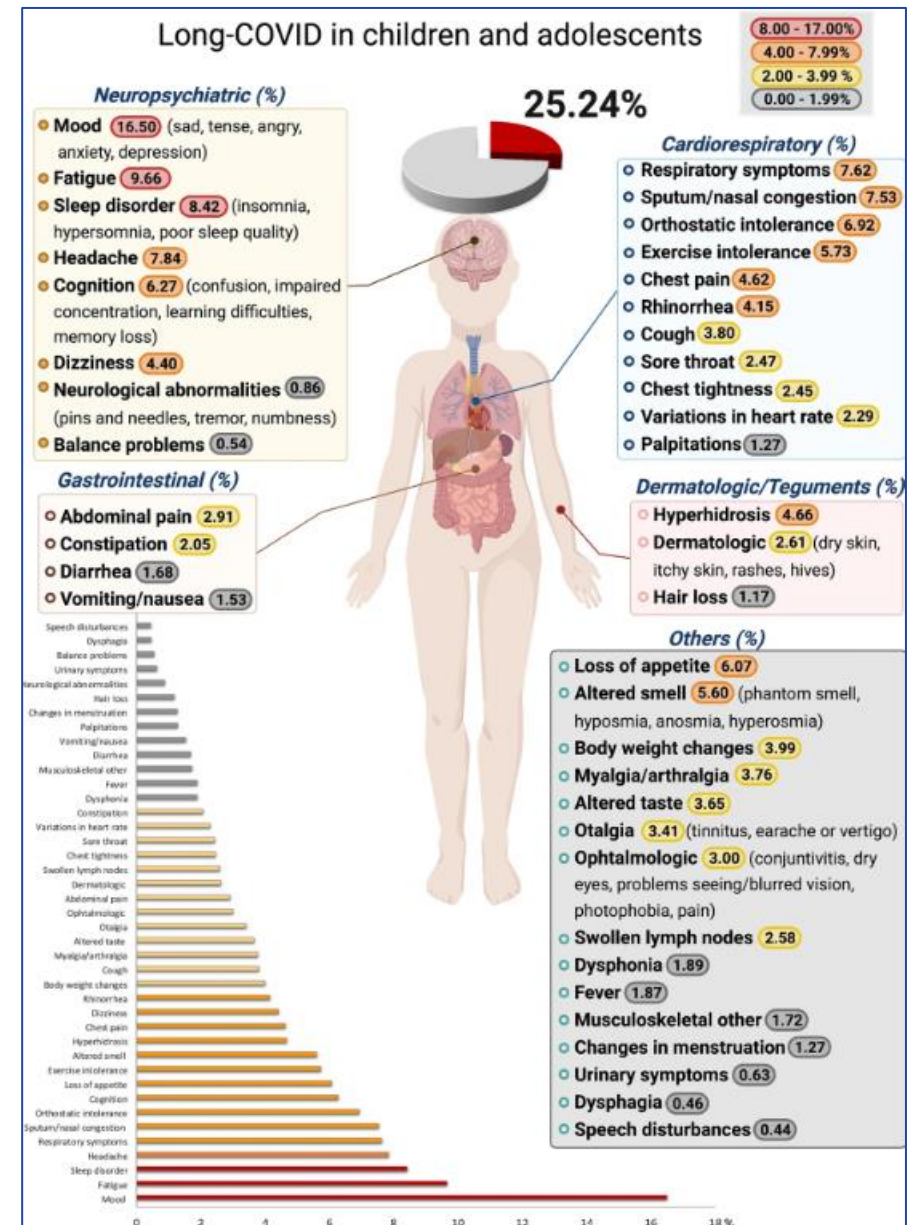
Fig. 3: Risk and 6-month excess burden of post-acute sequelae in people with BTI compared to those with SARS-CoV-2 infection without prior vaccination.



Vaccine Effectiveness Against 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%**.



Benefits of COVID-19 Vaccination: School and Childcare Opportunities

The vaccine can shorten time away from school, childcare, and work. Vaccinated children spent less time sick in bed than unvaccinated children, during the Omicron period.

Benefits of COVID-19 Vaccination: Protection for Others

- The vaccine can help protect others at home, including the most at-risk members of your family and community, such as grandparents, babies, and people with compromised immune systems.
 - Vaccinated persons with COVID-19 were one-third less likely to transmit to others in their household in the Omicron period.

Talking with Families about the COVID-19 Vaccine



COVID-19 Vaccine Language Tips

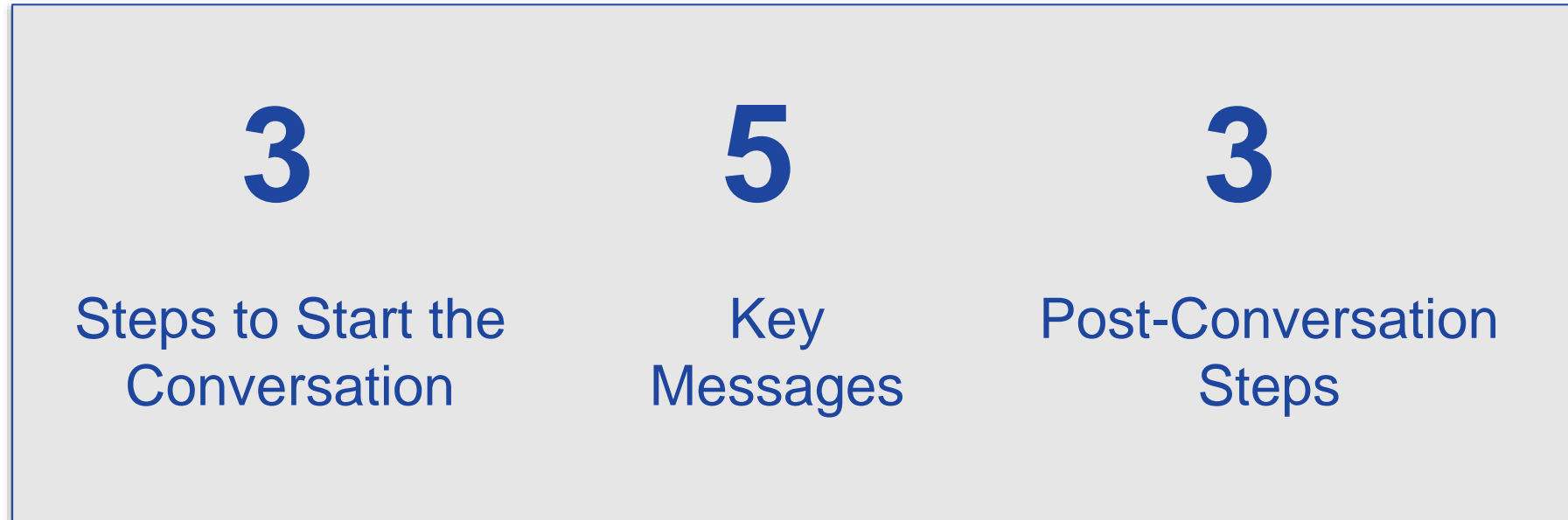
| Do Say | Don't Say |
|--|---|
| Vaccination | Injection or shot |
| A safe and effective vaccine | A vaccine developed quickly |
| Authorized by FDA based on clinical testing | Approved by FDA; Operation Warp Speed; Emergency Use Authorization* |
| Get the latest information | There are things we still 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.



Conversation Methodology



To address patients concerns, 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 220 million Americans have been safely vaccinated and are now protected.



5 Key Messages

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

Mild 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

3. The best vaccine is the one that is available to you.

Many pediatric providers are only offering one brand of the COVID vaccine for children 6 months to 5 years. Both have been shown to be safe and offer a robust immune response.

(Caveat is that bivalent vaccines that protect against Omicron BA5 will likely be available in 1-2 weeks for people older than 12 years)



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 or text your zip code to GETVAX or VACUNA to get your free vaccine today.



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.





Thank You!

eball@choc.org

Twitter: [@DrEricBall](https://twitter.com/DrEricBall)

Questions & Answers and Discussion

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



Resources & Polls

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?

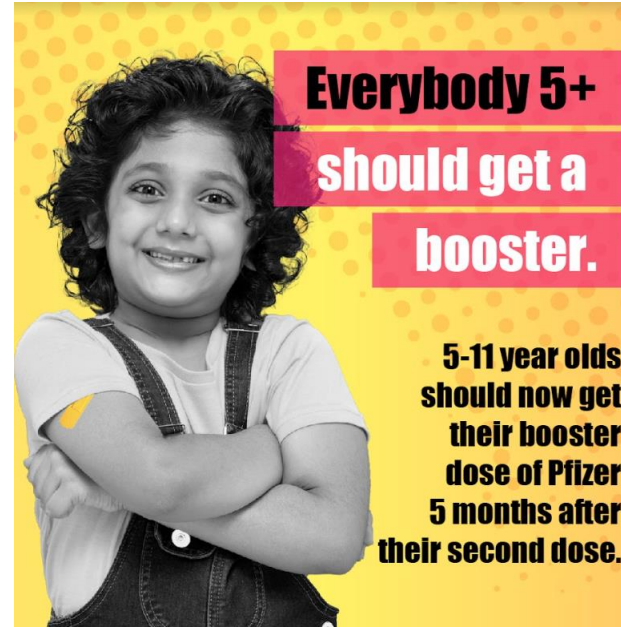
- **It's effective.** The vaccine does not protect against all COVID-19 infection, but [studies](#) have shown it is effective in preventing severe illness and hospitalization, including [against the Omicron variant](#).
- [Children with pre-existing conditions](#) are at higher risk for severe COVID-19 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

| 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' |

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 | Messaging Elements That DON'T Resonate |
|---|--|
| <p>Validate Concerns & Answer Questions Acknowledge people's hesitancy rather than challenge it. Provide scientifically-based plain language answers.</p> <p>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.</p> <p>Protection Emphasize "protecting myself, loved ones, and those in my community" (rather than "coming together as a nation").</p> <p>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.</p> | <p>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.</p> <p>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.</p> <p>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."</p> <p>"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.</p> |

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 Patients about Bivalent Booster Doses

Please join Dr. Ilan Shapiro to discuss talking with patients about **bivalent booster doses**.

When: Thursday, September 8 at 12:00PM-1:00PM

[Register here!](#)



For California COVID-19 Vaccine Providers



Monday

Provider Therapeutics Webinar

Next session: Monday, September 12, 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:

Eric Ball, MD, FAAP

Webinar Planning & Support:

Rachel Jacobs, Cheri Banks, Michael Fortunka, and
Blanca Corona

