

Melissa Martinez MD FAAFP
February 19, 2022

Vaccine Update: COVID and More

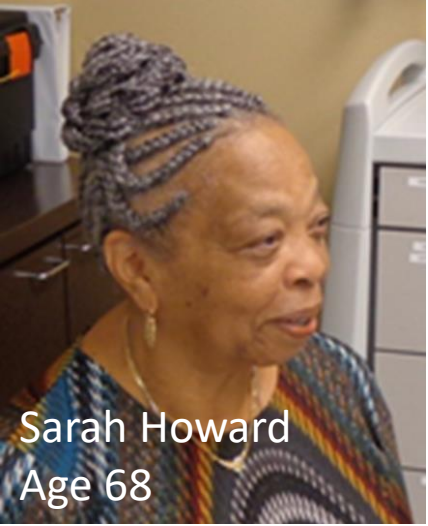
40th Annual NMAFP Winter Refresher

Declarations

- Conflicts of Interest
 - Nothing to declare
- Off label
 - This presentation include information on COVID vaccines for children, which are not approved

Objectives

- List recommended vaccines for patients based on age, conditions and risk factors
- Compare and contrast pneumococcal vaccines
- Compare influenza vaccines for seniors
- ~~Use motivational interviewing to engage vaccine hesitant patients~~
- ~~Explain contraindications to COVID vaccines~~
 - Discussion of COVID 19 ages 6 m to 4 years



Sarah Howard
Age 68

High blood pressure, controlled with medication. She had shingles 4 years ago. She got a J&J COVID vaccine in July. She has three children and four grandchildren with a 5th due in a few months. She is not planning any trips.

What vaccines do you recommend for her?
(Assume she does not need any “catch up” vaccines).

Useful Apps and Websites



CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

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Vaccines site

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Immunization Schedules



CDC has expanded [recommendations](#) for booster shots to now include all adults ages 18 years and older who received a Pfizer-BioNTech or Moderna (mRNA) COVID-19 vaccine as part of their primary series. Get more information and read CDC's [media statement](#).

For Health Care Providers

Child and Adolescent Immunization Schedule (birth through 18 years)

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

Vaccine	Birth	2 mo	4 mo	6 mo	12-15 mo	18 mo	2-5 years	11-12 years	16-18 years
Diphtheria, tetanus, and acellular pertussis (DTaP)		2, 4, 6 mo	15-18 mo	4-6 years					
Poliovirus (IPV)		2, 4, 6 mo	15-18 mo	4-6 years					
Hepatitis A (HepA)					12-23 mo				
Hepatitis B (HepB)	Birth, 1-2 mo, 6-18 mo								
Human papillomavirus (HPV)							11-12 years		
Measles, mumps, and rubella (MMR)					12-15 mo				
MMR-2						4-6 years			
Varicella (VAC)					12-15 mo				
VAC-2						4-6 years			
Typhoid conjugate vaccine (TCV)							11-12 years		
Typhoid polysaccharide vaccine (Typhoid polysaccharide)							11-12 years		
Japanese encephalitis (JE)							11-12 years		
Yellow fever (YF)							11-12 years		
Cholera							11-12 years		
Shigella							11-12 years		
Rotavirus (RV)		2-8 weeks							
COVID-19								11-12 years	

Adult Immunization Schedule (19 years and older)

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2021

Vaccine	19-24 years	25-49 years	50-64 years	65 years and older
Diphtheria, tetanus, and acellular pertussis (DTaP)				
Poliovirus (IPV)				
Hepatitis A (HepA)				
Hepatitis B (HepB)				
Human papillomavirus (HPV)				
Measles, mumps, and rubella (MMR)				
MMR-2				
Varicella (VAC)				
VAC-2				
Typhoid conjugate vaccine (TCV)				
Typhoid polysaccharide vaccine (Typhoid polysaccharide)				
Japanese encephalitis (JE)				
Yellow fever (YF)				
Cholera				
Shigella				
Rotavirus (RV)				
COVID-19				

Resources for Health Care Providers



STFM

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News & Information

Check here for updates



Prevention and Control of Seasonal Influenza with Vaccines, 2021-22



8/27/21

[View All](#)



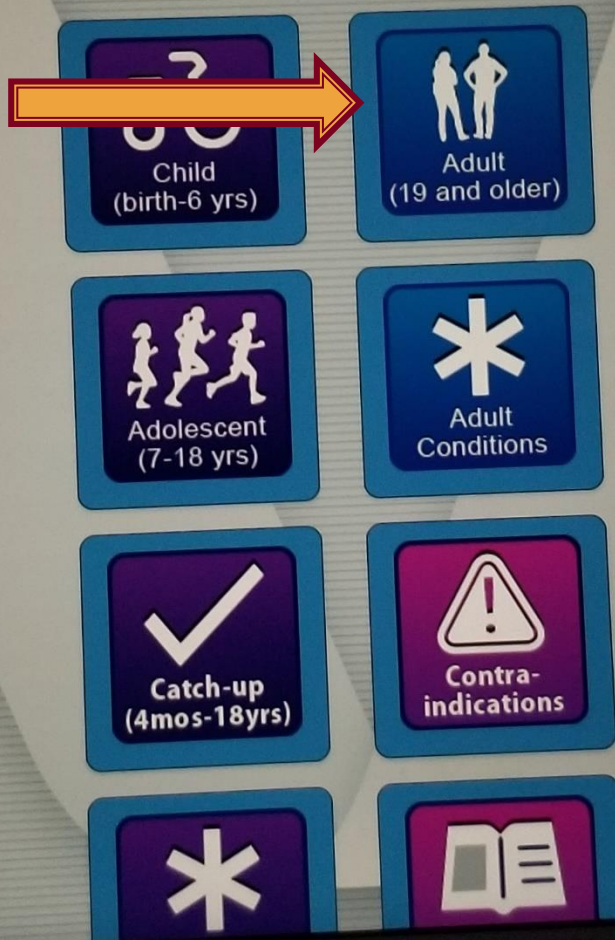
THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES

<https://www.cdc.gov/vaccines/schedules/>

<https://www.immunize.org/>

CDC Vaccine Schedules

Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedules for Persons Ages Birth through 18 years and Adults Ages 19 years or older, 2020



Copy

Select All

19-26	27-49	50-64
≥ 65		
Vaccine *	Dose(s) for Selected Age Range	
IIV or RIV4	1 dose annually	
or LAIV4	No recommendation/Not applicable	
Tdap or Td	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)	1 dose Tdap, then Td or Tdap booster every 10 yrs
MMR	No recommendation/Not applicable	
VAR	2 doses	
RZV	2 doses	
HPV	No recommendation/Not applicable	
PCV13	1 dose 1 dose	
PPSV23	1 dose	
HepA	2 or 3 doses depending on vaccine	
HepB	2 or 3 doses depending on vaccine	
MenACWY	1 or 2 doses depending on indication, see notes for booster recommendations	
MenB	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations	
Hib	1 or 3 doses depending on indication	
Adult	Conditions	Contraindications
		Resources

Recommended



Shared Decision



Catch up

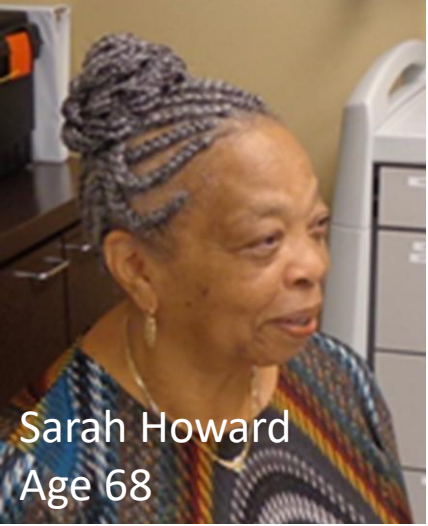


High risk



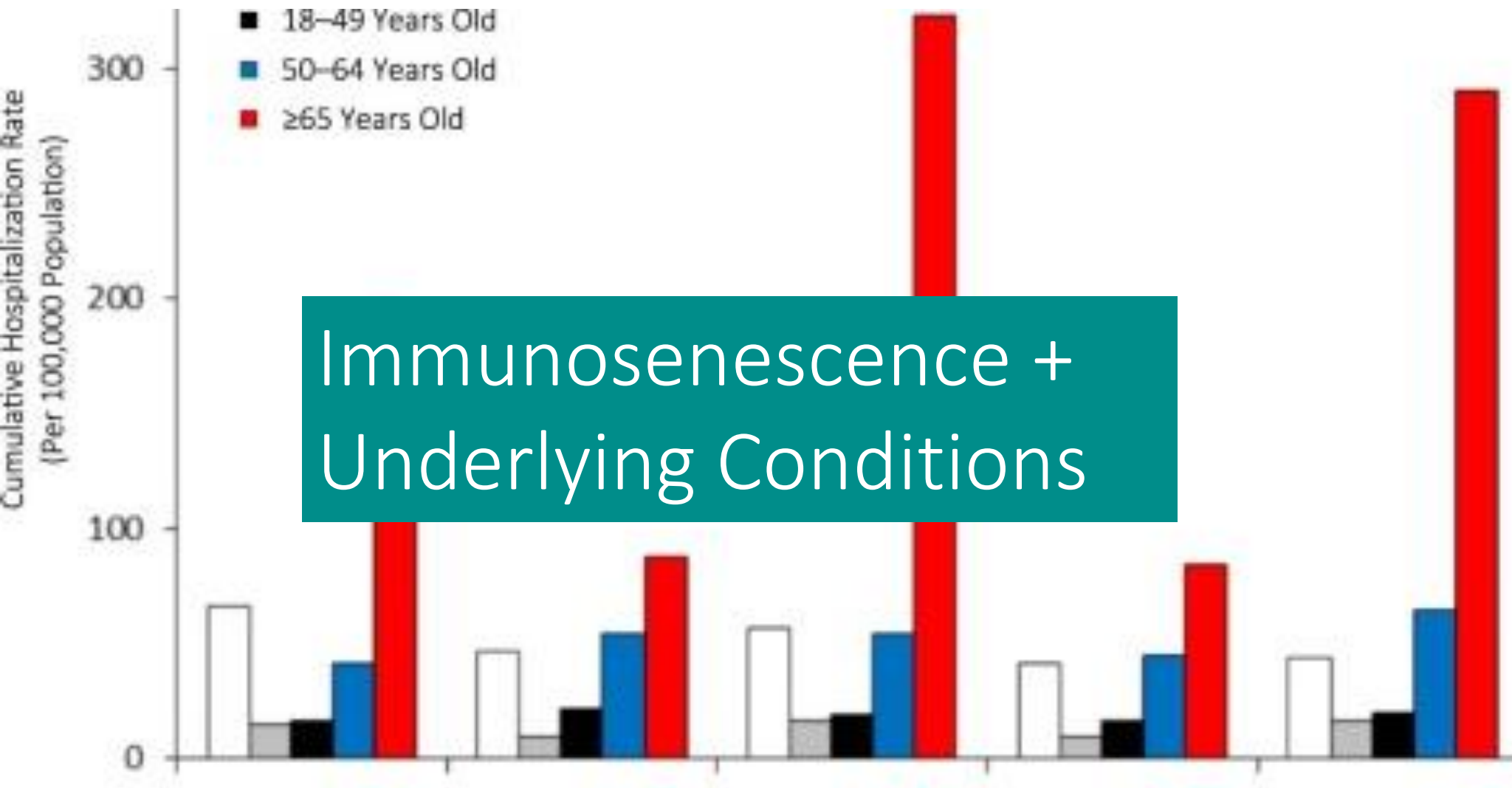
Not Recommended





Sarah Howard
Age 68

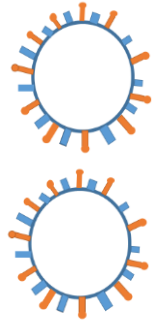
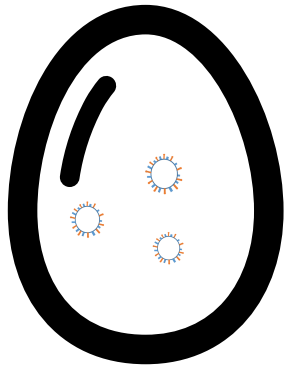
She did get a flu shot in October at a drive-through clinic. She wonders if she should get the “Senior Vaccine” next time.



Immunosenescence + Underlying Conditions

[Am J Med.](#) 2018 Aug;131(8):865-873

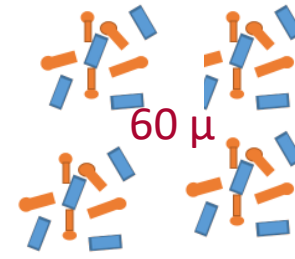
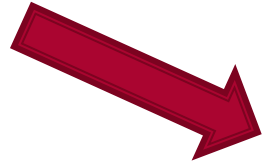
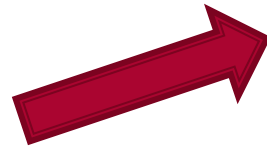




Standard
dose

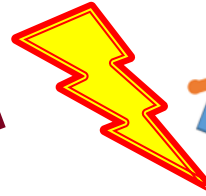


15 μ



60 μ

High
dose



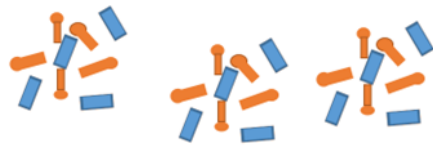
15 μ

Adjuvanted



RNA

45 μ



Recombinant

Multicenter, Randomized, Double-blind, active-controlled trial

31,989 healthy adults 65+ in US and Canada

15,998 High Dose

15,998 Standard Dose

2 Flu Seasons 2011-2012 and 2012-2013

laboratory-confirmed influenza

N Engl J Med 2014; 371:635-645

High Dose

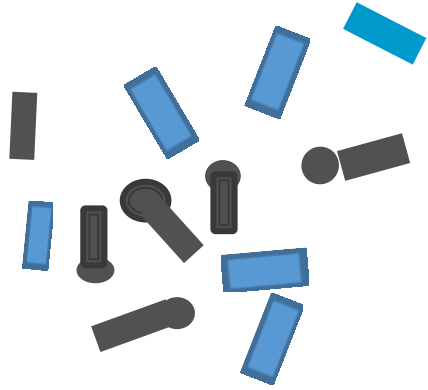
	Flu	No Flu	Total
High dose	228	15763	15,991
Standard dose	301	15697	15,998

$ARR = CER - EER$ $301/15998 - 228/15991 = 0.018 - 0.014 = 0.004$ $NNT = 1/ARR = 250$

We need to give 250 adults over 65 the high dose to prevent one case of flu in a season

$RRR = EER / CER = 0.014 / 0.018 = 0.73$ or 73% or a 27% reduction

N Engl J Med 2014; 371:635-645



ADJUVANT



Influenza: Adjuvanted

High Dose vs Adjuvanted Claims Data Studies

- Study population: 65 +
- Interventions
 - High Dose 1,058,638
 - Adjuvanted 189,636
- Outcome respiratory related hospitalizations
- Seasons: 2016/17 & 2017/18

van Aalst Vaccine 2020

- Study population: 65 +
- Interventions
 - Adjuvanted 524 223
 - Standard 4917 609
 - High Dose 3 377 860
- Outcome Influenza related medical encounters
- Seasons: 2017/18 & 2018/19

Biokos Clinical Infectious Diseases 2020

High Dose vs Adjuvanted Claims Data 2017/18 Season

Respiratory related
hospitalizations

rVE High Dose vs
Adjuvanted

12% (95%CI, 2.1%–21%)

van Aalst Vaccine 2020

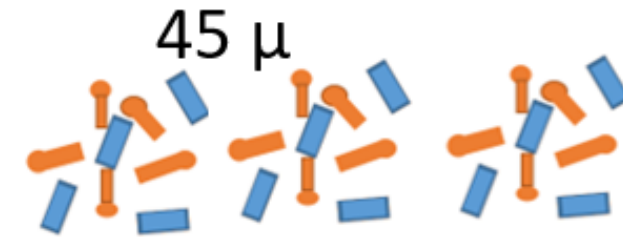
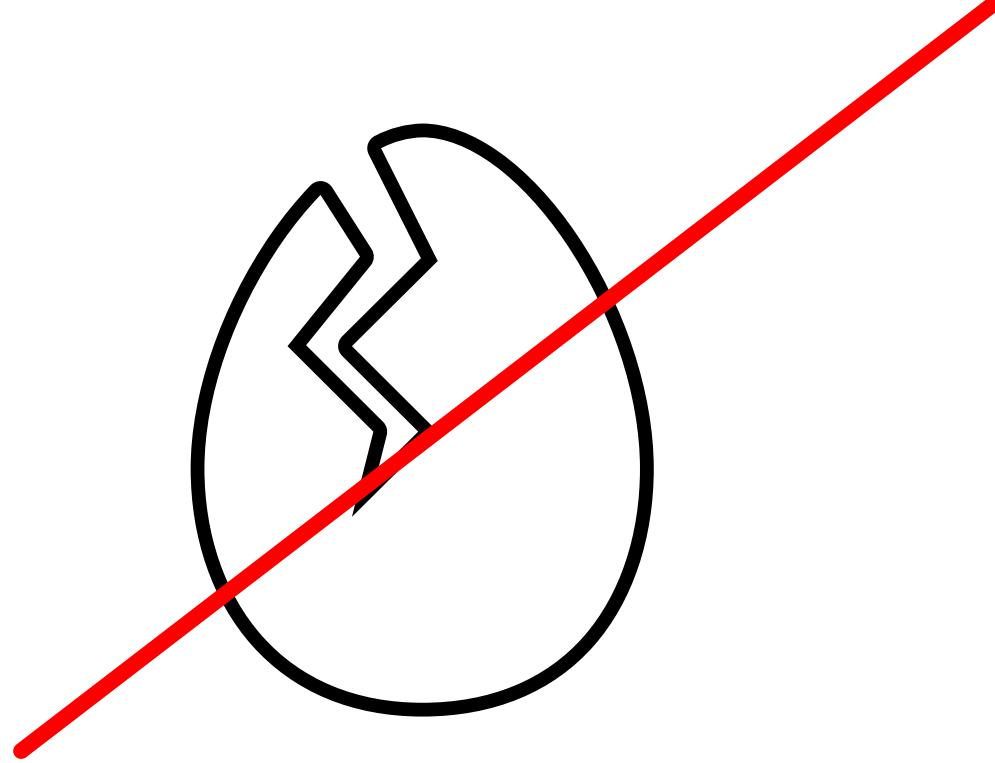
Influenza-related
medical encounters

rVE Adjuvanted vs High
Dose

7.7% (95% CI, 2.3-12.8)

Biokos Clinical Infectious Diseases 2020

Recombinant Influenza Vaccines



Recombinant

Vaccine 2020



Sarah Howard
Age 68

She did get a
should get the

Getting a high dose, adjuvanted or recombinant vaccine may give you a little bit more protection.

The most important thing is to **get the vaccine.**

If the drive through is the best way for you to get the vaccine, that is okay.



Sarah Howard
Age 68

You check in record and see that she received a Pneumococcal Polysaccharide Vaccine (PPSV23) three years ago. Does she need any additional pneumococcal vaccines?

19-26	27-49	50-64
≥ 65		
Vaccine *	Dose(s) for Selected Age Range	
IIV or RIV4	1 dose annually	
or LAIV4	No recommendation/Not applicable	
Tdap or Td	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)	1 dose Tdap, then Td or Tdap booster every 10 yrs
MMR	No recommendation/Not applicable	
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HepA	2 or 3 doses depending on vaccine	
HepB	2 or 3 doses depending on vaccine	
MenACWY	1 or 2 doses depending on indication, see notes for booster recommendations	
MenB	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations	
Hib	1 or 3 doses depending on indication	

Adult

Conditions

Contraindications

Resources

Recommended 

Shared Decision 

Catch up 

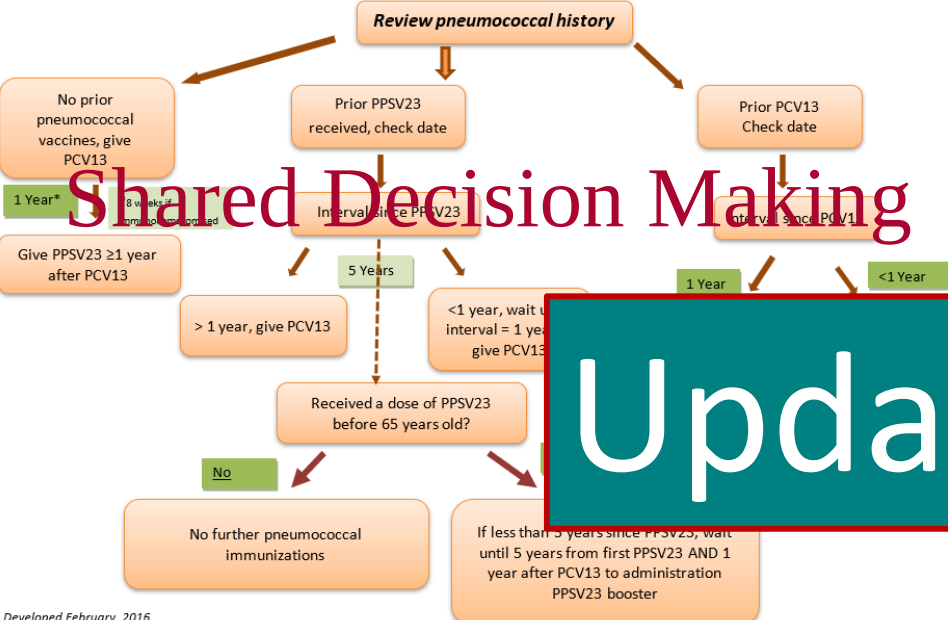
High risk 

Not Recommended 

PPSV23=Pneumovax 23
PCV13=Prevnar 13

Pneumococcal Vaccine ≥65 years old

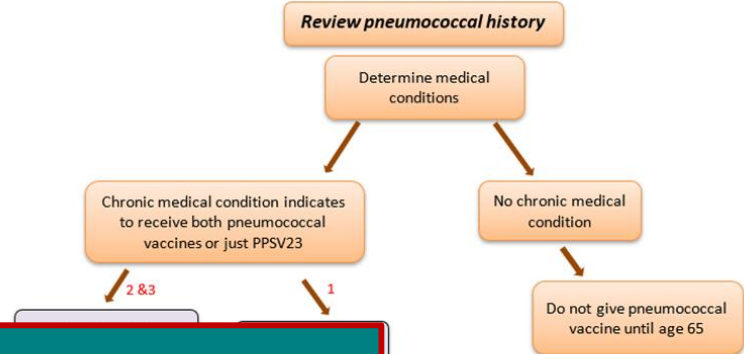
Both pneumococcal vaccines are indicated at this age



Developed February, 2016

Pneumococcal Vaccine 19 to 64 years old

Pneumococcal is only indicated at this age for certain medical conditions*



Conditions	PCV13	PPSV23
1 Increased risk: PPSV23 Only Chronic heart disease, Chronic lung disease (Asthma), Diabetes Mellitus, Alcoholism, Chronic liver disease, Cigarette smoking	None until age 65	One dose Repeat once after age 65 (if interval > 5 years) and at least one year after PCV13
2 Meningitis risk: Both — No PPSV23 booster Cochlear Implant CSF Leak	One dose 8 weeks before or 1 year after PPSV23	8 weeks after PCV13 No booster—one additional dose after 65
3 Immunocompromised: Both Hemoglobinopathies, Asplenia, Chronic Renal Failure, Nephrotic Syndrome, Generalized Malignancy, Leukemia, Lymphoma, Hodgkin's, HIV/Immunocompromised, Immunosuppression, Solid Organ Transplant, Multiple Myeloma	One dose > 8 weeks before or 12 months after PPSV23	Dose 1 12 months after PCV13 Booster in 5 years and At age 65 (if interval > 5 years)

Second PPSV23 five years after first dose or at age 65 for immunocompromised only

Updated 2021

Current Recommendations

No Previous Conjugate Vaccine

Age ≥ 65

Age 19-64 with high-risk conditions

Age 19-64 with immunocompromising conditions

PCV20

Or

PCV15 + PPSV23

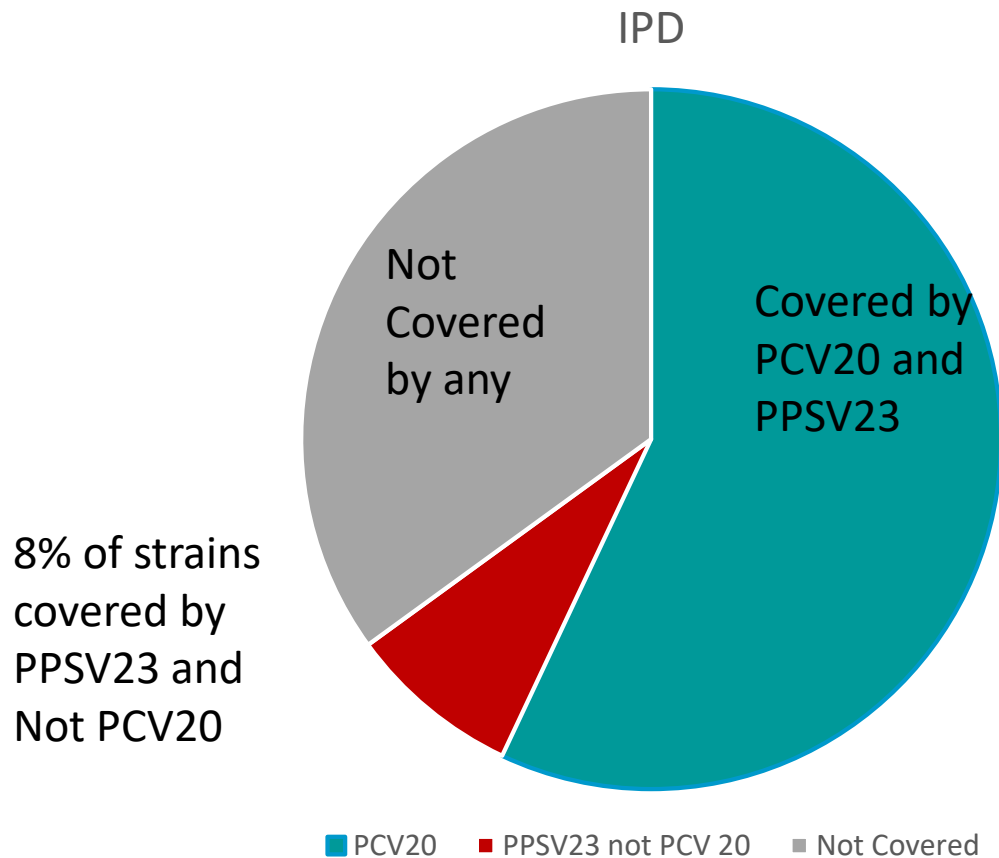
12 months or if high risk, 8 weeks later

ACIP January 12, 2022

Why give two vaccines (PPSV23 & PCV15) when you can give one (PCV20)?

Non-inferiority, studies
PCV15+ PPSV23 had higher
GMT for some strains
compared to PCV13
PCV20 had slightly lower
GMTs compared to PCV13

No Clinical Data



Pneumococcal Vaccines in Adults

Age 65+ or Age 18+ with underlying medical conditions or other risk factors*	
No previous pneumococcal vaccine	PCV20 or PCV15 + PPSV23 12 months or if high risk, 8 weeks later ¹
Previous PPSV23	PCV15 or PCV20 at least 12 months after PPSV23
Previous Conjugate vaccine: (<u>Currently</u> there is no recommendation for PCV20 or PCV15 in adults who have received PCV13)	
PCV13 or PCV15 No PPSV23	PPSV23 12 months after the PCV was given
PCV13 or PCV15 +PPSV23	no additional pneumococcal vaccines at this time
PCV20	No additional pneumococcal vaccines

***Underlying medical conditions or other risk factors:**

Chronic renal failure, nephrotic syndrome, immunodeficiency, iatrogenic immunosuppression, generalized malignancy, human immunodeficiency virus infection, Hodgkin disease, leukemia, lymphoma, multiple myeloma, solid organ transplants, congenital or acquired asplenia, sickle cell disease, or other hemoglobinopathies, CSF leak, or cochlear implant

(1) Indication for PPSV23 8 weeks after PCV 15: immunocompromising condition, cochlear implant, or cerebrospinal fluid leak to minimize the risk for IPD caused by serotypes unique to PPSV23 in these vulnerable groups.

Footnote MMWR

- +++++ For adults who have received PCV13 but have not completed their recommended pneumococcal vaccine series with PPSV23, one dose of PCV20 may be used if PPSV23 is not available.

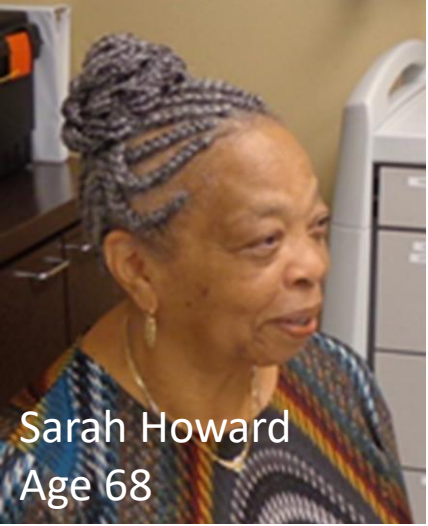
https://www.cdc.gov/mmwr/volumes/71/wr/mm7104a1.htm?s_cid=mm7104a1_w



Sarah Howard
Age 68

You check in record and see that she received a Pneumococcal Polysaccharide Vaccine (PPSV23) three years ago. Does she need any additional pneumococcal vaccines?

Yes, you offer her a PCV15 or PCV20



Sarah Howard
Age 68

You determine that she should have a shingles vaccine. If she were immunocompromised, would you still give her a shingles vaccine?

New RZV Recommendation

Two doses of recombinant zoster vaccine are recommended for adults aged ≥ 19 years who are or will be immunodeficient or immunosuppressed due to disease or therapy.

MMWR Jan 2022

Dosing schedule

First dose at Month 0

Second dose 2 to 6 months later

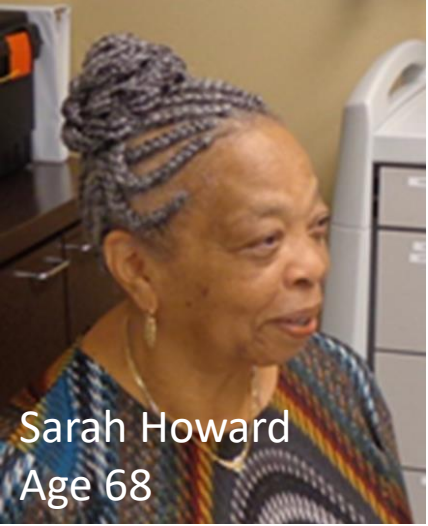
For individuals who are or will be immunodeficient or immunosuppressed and who would benefit from a shorter vaccination schedule:

First dose at Month 0

Second dose 1 to 2 months later

Consider timing zoster vaccination when immune response is likely to be most robust

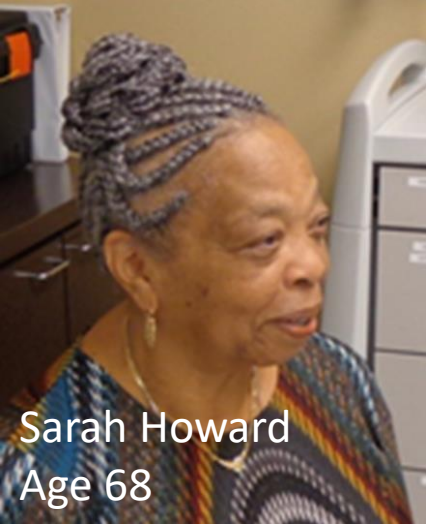
MMWR Jan 2022



Sarah Howard
Age 68

You determine that
immunocompromi

She recalls having chicken pox as a child and a varicella IgG test when she worked as a nurse, so you feel confident giving her two doses of the shingles vaccine

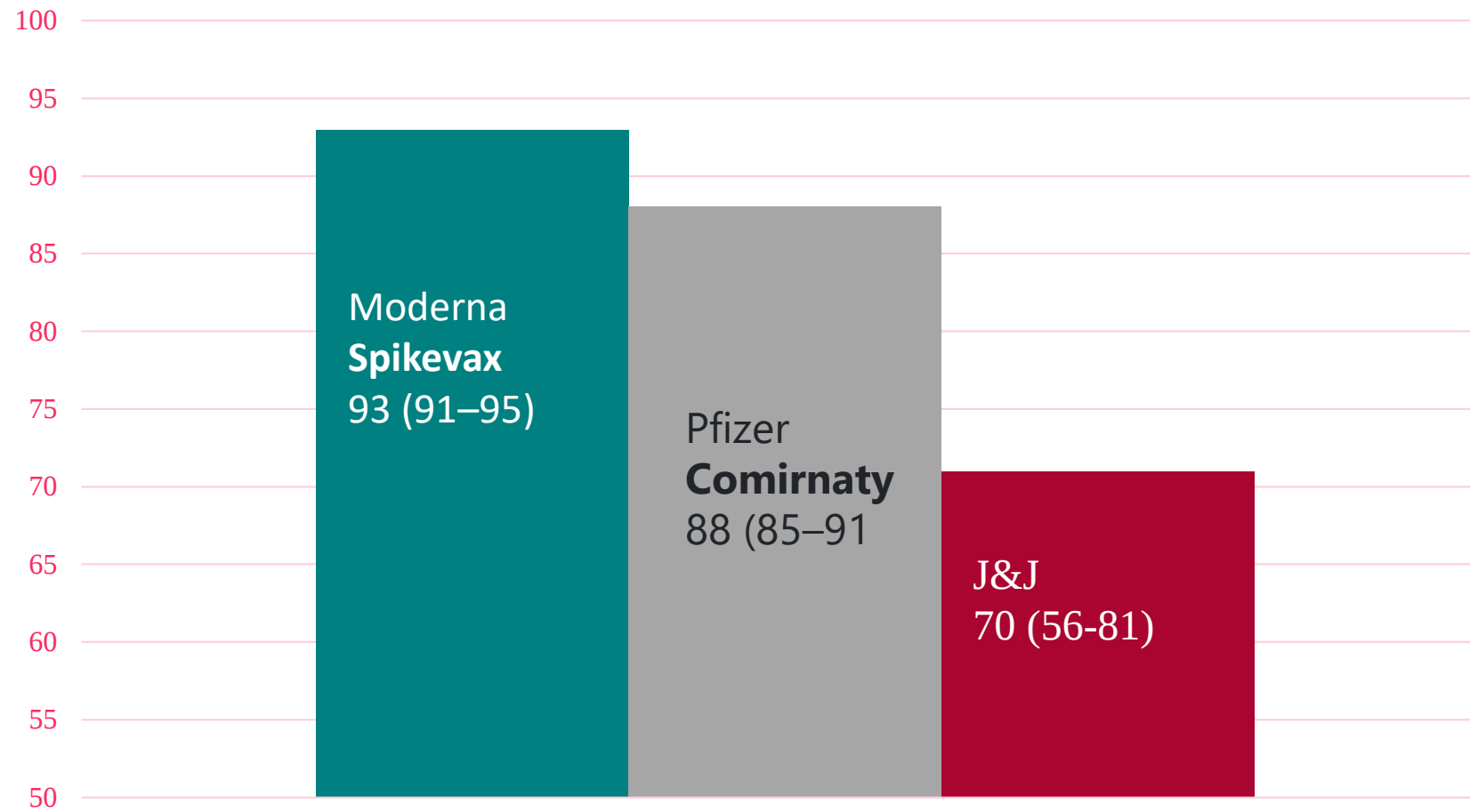


Sarah Howard
Age 68

She received a dose of the Jassen (J&J) COVID 19 vaccine in July. Should she get additional COVID vaccines?

Effectiveness against COVID-19–associated hospitalization: Adults without immunocompromising conditions

March–August 2021



MMWR Sept
2021

Thrombosis with Thrombocytopenia TTS

J&J/Janssen Vaccine

July 2021-December 2021

9.7 per million doses in **women** ages: 30-49

3.17 per million doses in **men** ages: 30-49

Overall: 3.7 per million doses

<https://www.cdc.gov/vaccines/acip/meetings/live-mtg-2021-12-16.html>

Timeline J&J/Janssen Vaccine

February 27, 2021: EUA

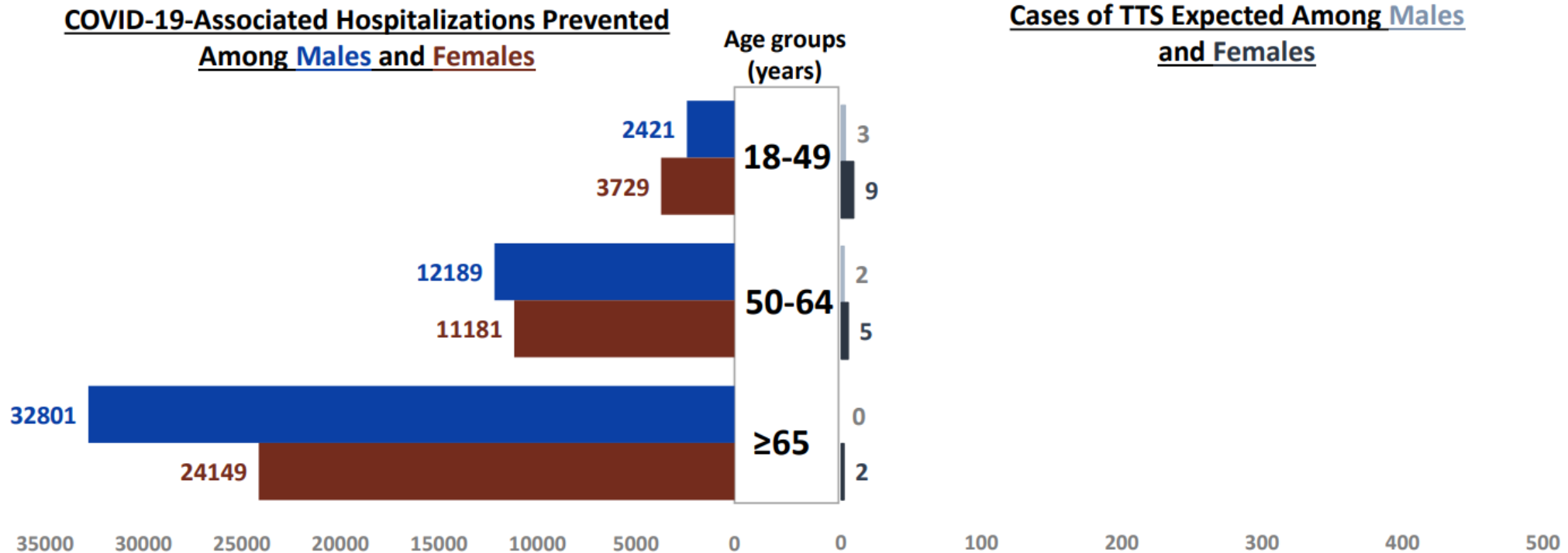
March 2, 2021: First TTS Reports

April 13, 2021: Pause EUA, Risk vs Benefits

Benefits and risks after Janssen COVID-19 vaccine

per million fully vaccinated people

- COVID-19-associated hospitalizations prevented by Janssen COVID-19 vaccine compared with TTS cases expected
- Presented by age groups and sex



Timeline J&J/Janssen Vaccine

April 13, 2021: Pause Risk vs Benefits

April 23, 2021: Restarted EUA but Revised Fact sheet

Continued to collect data

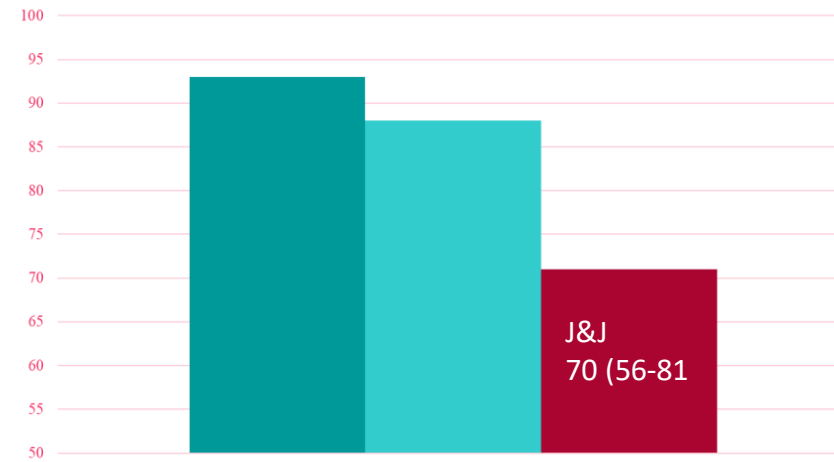
December 2021: Preference for mRNA vaccines

mRNA preference over Janssen J&J

TTS

Overall: 3.7 per million doses

Lower Efficacy



<https://www.cdc.gov/vaccines/acip/meetings/live-mtg-2021-12-16.html>



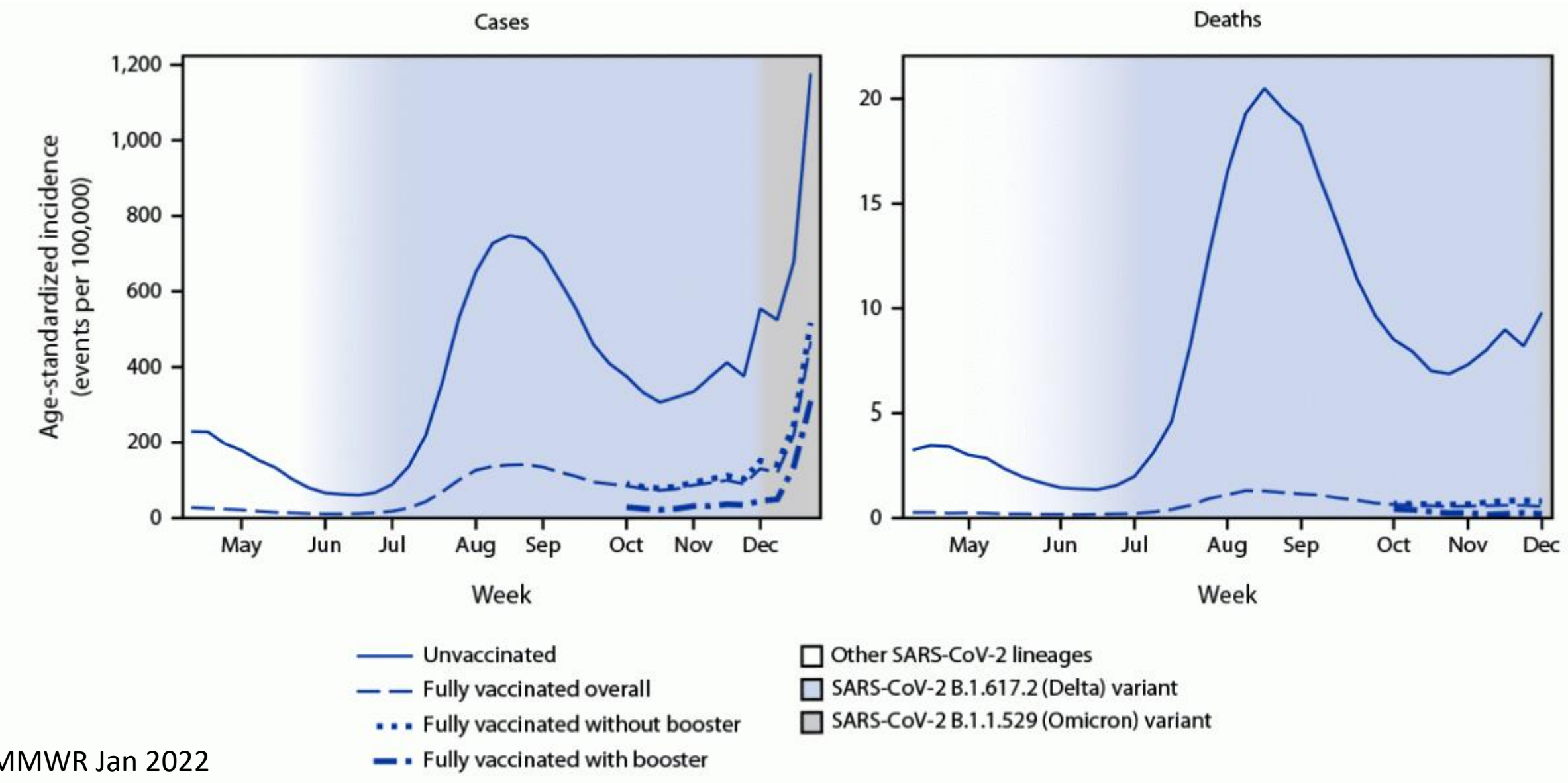
Sarah Howard
Age 68

She received a dose of the Jassen (J&J) COVID 19 vaccine in July. Should she get additional COVID vaccines?

Yes, J&J need additional dose 4 weeks after 1st

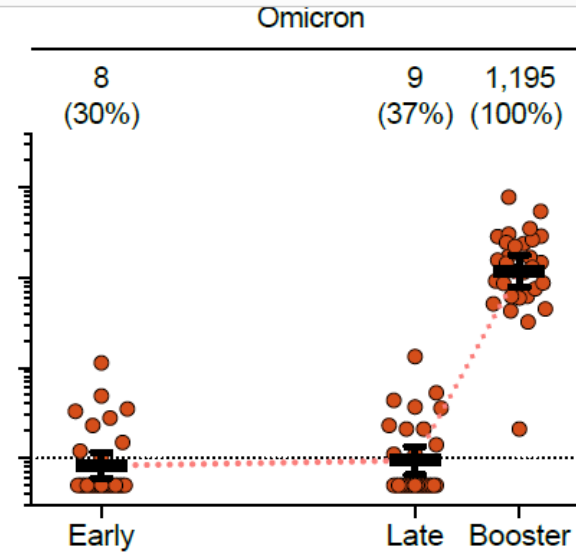
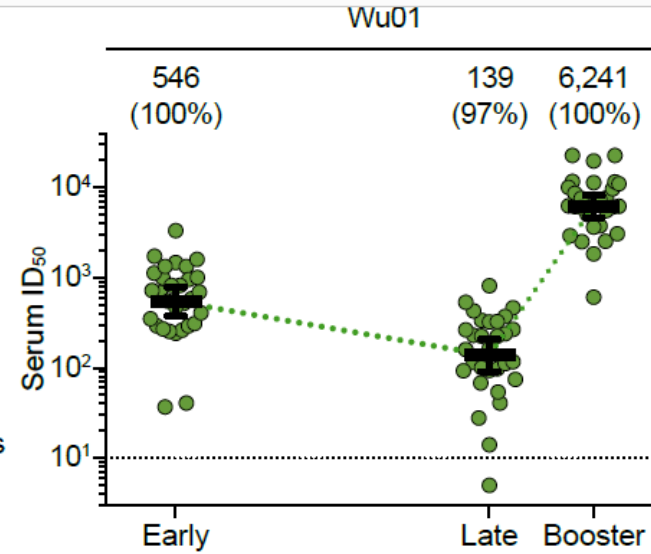
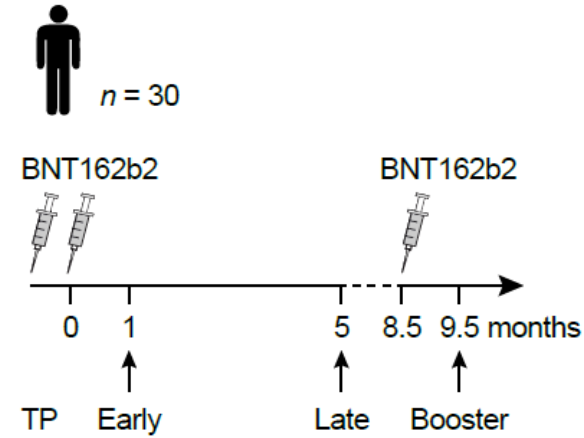
mRNA preferred

Weekly trends in age-standardized incidence of COVID-19 cases (April 4–December 25, 2021) and deaths (April 4–December 4, 2021) for unvaccinated compared with fully vaccinated persons,* overall and by receipt of booster doses† and national weighted estimates of variant proportions§ — 25 U.S. jurisdictions



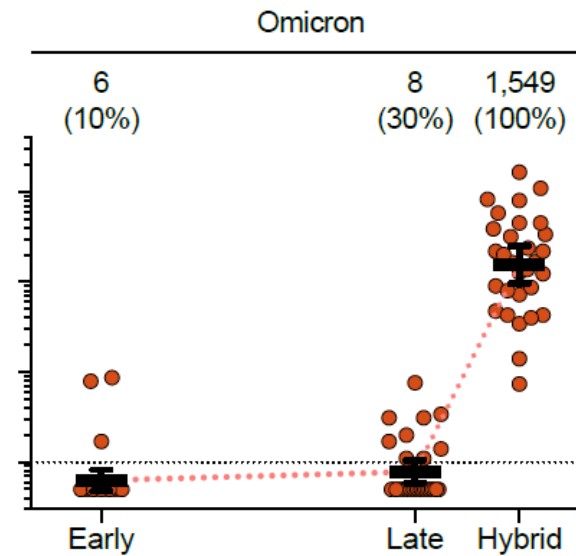
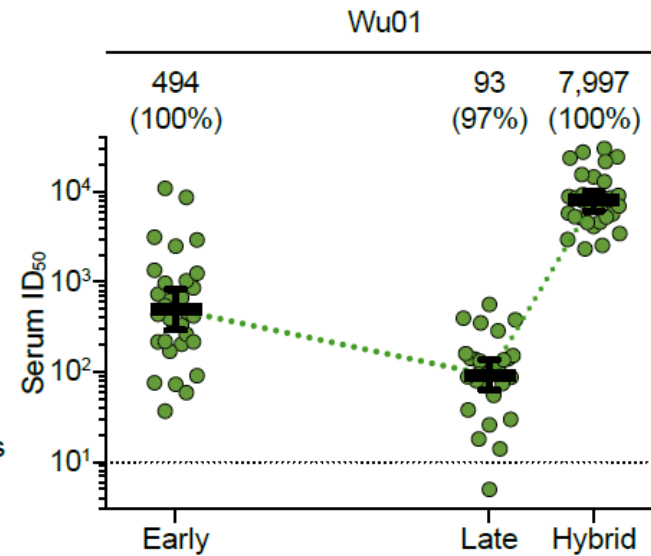
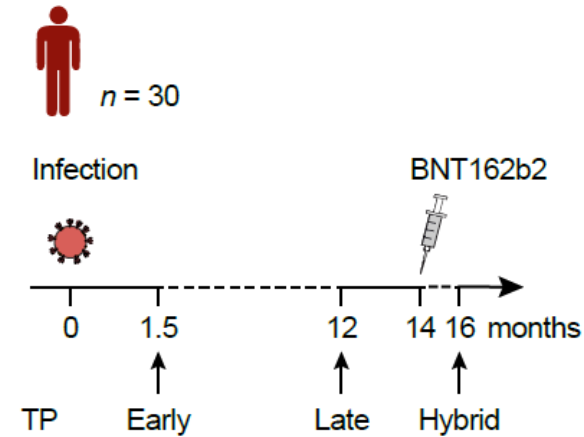
B

Vaccinated

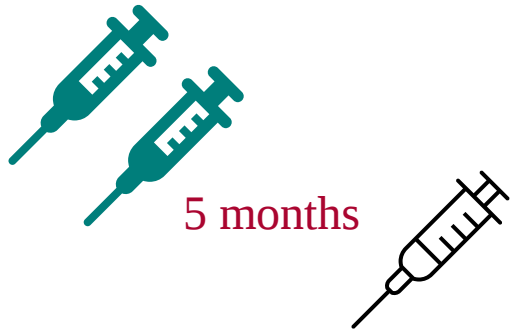


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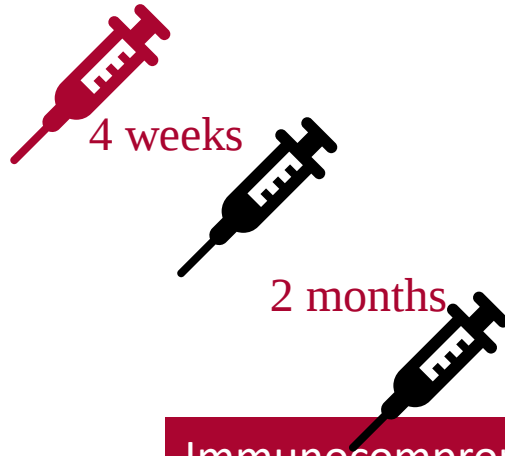
Convalescent



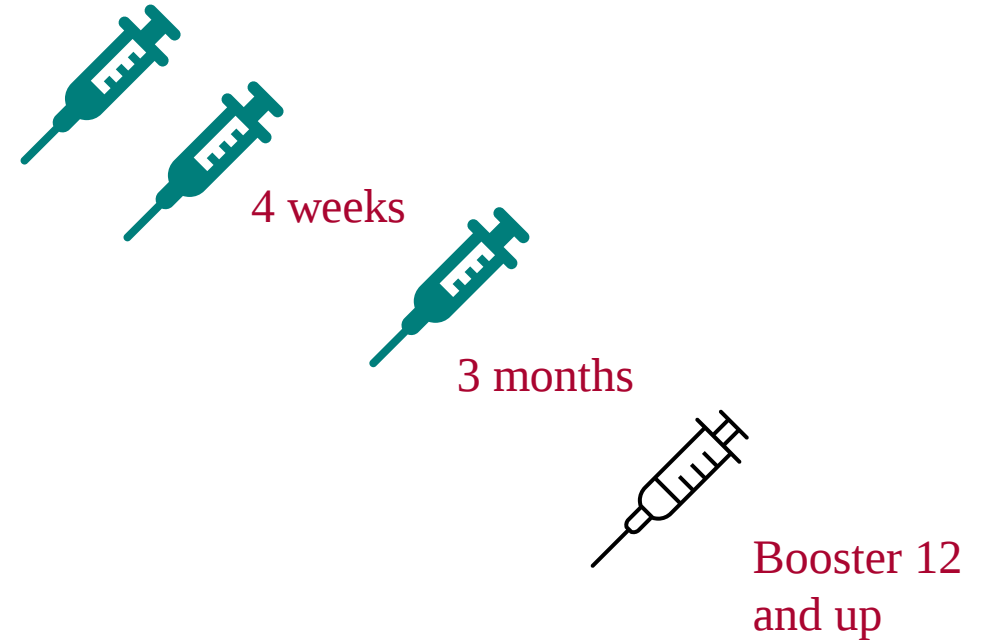
mRNA Booster doses Age 12 and up



J & J Additional
dose 4 weeks



mRNA 3rd dose Immunocompromised Age 5 and up



3rd Dose

Moderately or severely immunocompromised
28 days after second dose

Vaccine	Dose	Age
Pfizer	30 µg	12 and up
Moderna	100 µg	18 and up
J&J	2 months after 2 nd dose	

Immunocompromised

Active cancer treatment
for tumors or cancers of
the blood

Received an organ
transplant and are taking
medicine to suppress the
immune system

Received a stem cell
transplant within the last 2
years or are taking
medicine to suppress the
immune system

Moderate or severe
primary immunodeficiency
(such as DiGeorge
syndrome, Wiskott-Aldrich
syndrome)

Advanced or untreated HIV
infection

Active treatment with
high-dose corticosteroids
or other drugs that may
suppress your immune
response

Booster Dose (age 12 and up)

Vaccine	Dose	Age	Timing
Pfizer	30 µg	12 and up	5 months after 2 nd dose
Moderna	50 µg (half of primary dose)	18 and up	5 months after 2 nd dose
J&J	5 × 10 ¹⁰ VP	18 and up	4 weeks after 1 st dose
Can mix and match for boosters			

MMWR Nov 2021

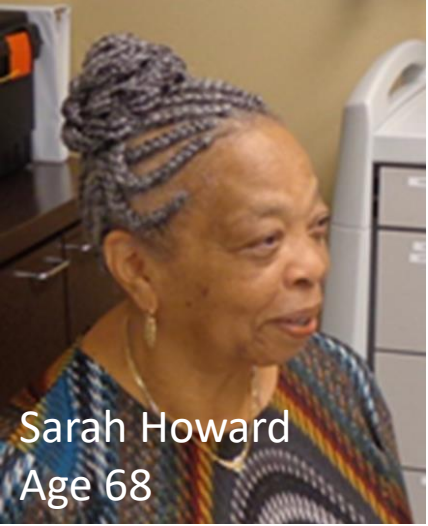
Note: immunocompromised persons may get 3 primary and one booster

Updates

Monoclonal Antibodies-do not need to wait 90 days

Wait 2 weeks after vaccine for Evusheld™

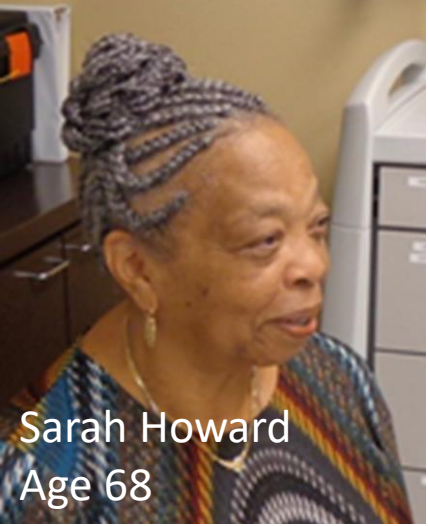
Antivirals unlikely to impair development of a protective antibody response



Sarah Howard
Age 68

She has three children and four grandchildren with a 5th due in a few months. She received a Td 10 years ago

Tdap or Td?



Sarah Howard
Age 68

She has three children and four grandchildren with a 4th due in a few months. She received a Tdap 10 years ago

Td or Tdap?

You recommend a Tdap

	19-26	27-49	50-64
	≥ 65		
Vaccine *	Dose(s) for Selected Age Range		
IIV or RIV4 or LAIV4	1 dose annually		
Tdap or Td	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)		
MMR	No recommendation/Not applicable		
VAR	2 doses		
RZV	2 doses		
HPV	1 dose Tdap, then Td or Tdap booster every 10 yrs		
PCV13	PCV20 or PCV15+PPSV23		
PPSV23			
HepA	2 or 3 doses depending on vaccine		
HepB	2 or 3 doses depending on vaccine		
MenACWY	1 or 2 doses depending on indication, see notes for booster recommendations		
MenB	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations		
Hib	1 or 3 doses depending on indication		

COVID
Vaccines

Recommended

Shared Decision

Catch up

High risk

Not Recommended



Margot is a 16-year-old female. She received all the recommended childhood vaccines. Other than two Pfizer COVID vaccines, her last immunizations were at age 12.

CDC Adolescent Vaccine Schedule (7 years through 18 years)



Vaccine*	Age in Years				
	7-10	11-12	13-15	16	17-18
HepB					
Hib					
PCV13					
IPV					
Flu (IIV) or	1 or 2 doses	Annual Vaccination 1 dose only			
Flu (LAIV)	1 or 2 doses	Annual Vaccination 1 dose only			
MMR					
VAR					
HepA					
Tdap		Tdap			
HPV		See Notes			
	*				
MenACWY	Note	1 st dose	2 nd dose		
MenB	Note				
PPSV23					

KEY

* Click the vaccines to see footnotes

Range of recommended ages for all children

Recommended based on shared clinical decision-making or
*can be used in this age group

Birth - 6 yrs

7 yrs - 18 yrs

Catch-up

Child Conditions

General Resources

Recommended

Shared Decision

Catch up

High risk



Margot is a 16 year- old female. She received all the recommended childhood vaccines, including 2 HPV vaccines at age 12 and 13.

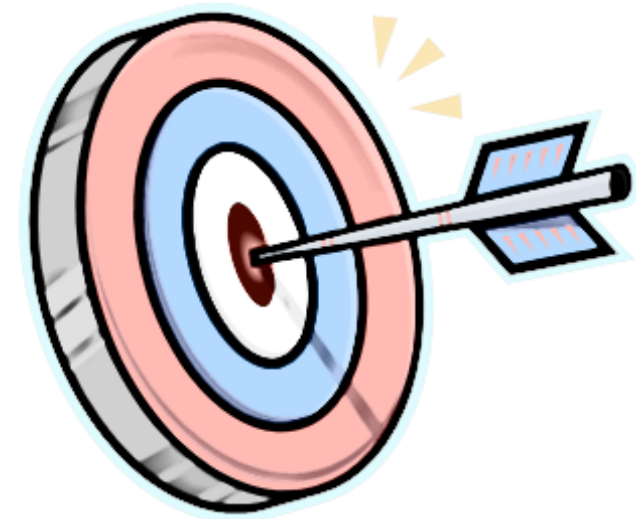


Margot's mother is 45 years old, newly divorced. The mother wonder if she could get the HPV Vaccine also.

Advisory Committee on Immunization Practices (ACIP)

- Routine HPV vaccination at age 11 or 12 years.
- Can be started beginning at age 9 years.
- Also recommended aged **13-26** years who have not been vaccinated previously

Age 26 and up ?



MMWR / March 27, 2015 / Vol. 64 / No. 11

HPV age 26-45

Shared Decision Making

No public health benefit

Some individuals may benefit

Example: Newly divorced want to start dating



CDC Adolescent Vaccine Schedule (7 years through 18 years)

Vaccine*	Age in Years				
	7-10	11-12	13-15	16	17-18
HepB					
Hib					
PCV13					
IPV	Annual Vaccination 1 dose only				
Flu (IIV) or	1 or 2 doses	Annual Vaccination 1 dose only			
Flu (LAIV)	1 or 2 doses	Annual Vaccination 1 dose only			
MMR					
VAR					
HepA					
Tdap			Tdap		
HPV			See Notes		
		*			
MenACWY	Note		1 st dose	Note	
MenB	Note				
PPSV23					

KEY

* Click the vaccines to see footnotes

Range of recommended ages for all children

Recommended based on shared clinical decision-making or
*can be used in this age group

Birth - 6 yrs

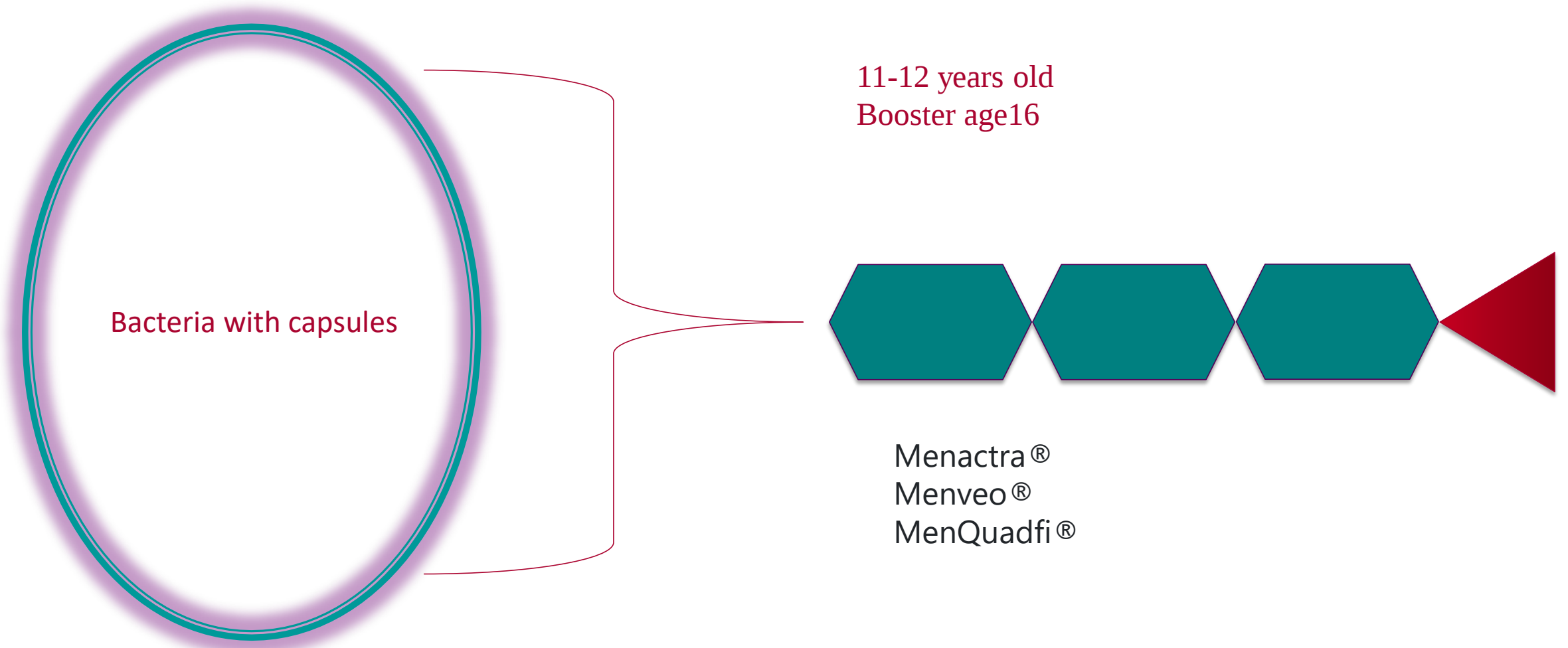
7 yrs - 18 yrs

Catch-up

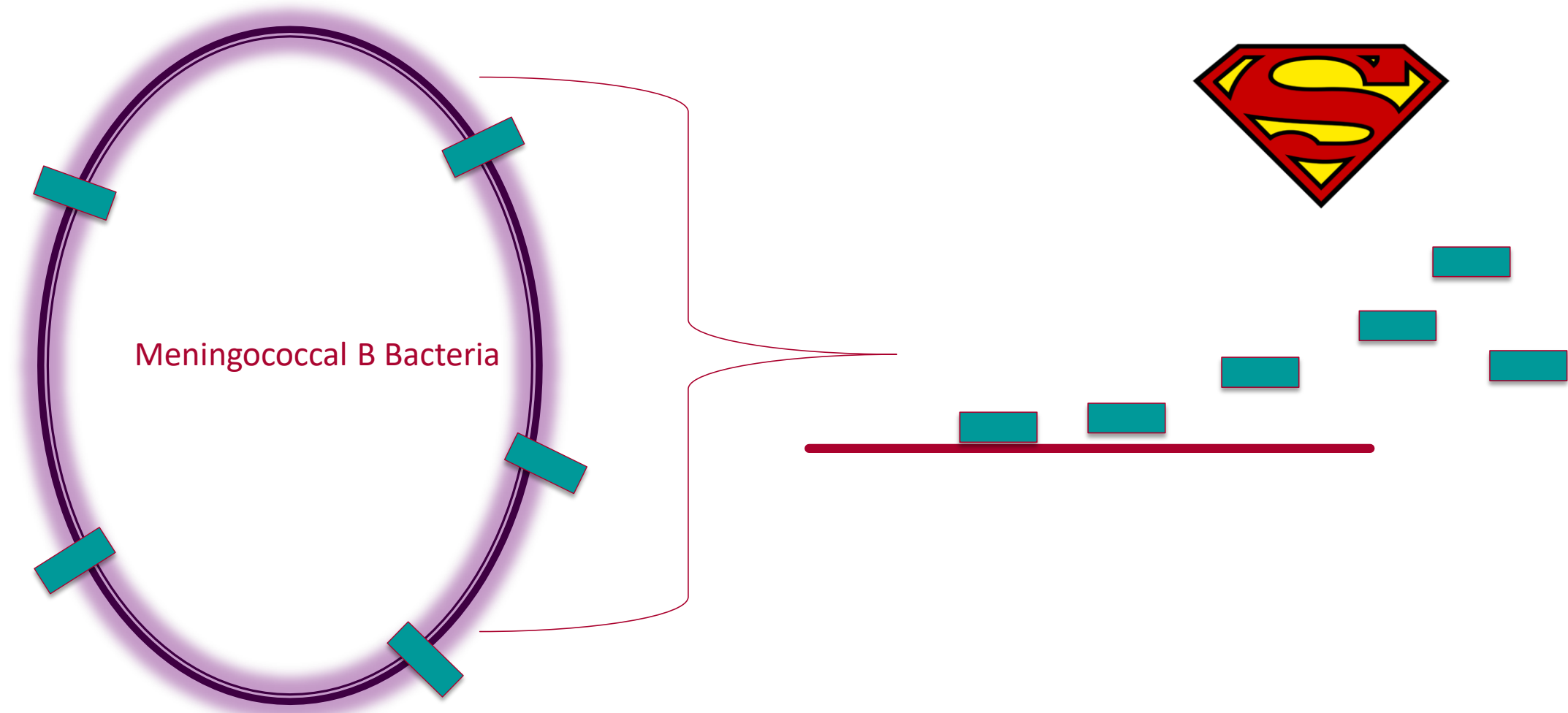
Child Conditions

General Resources

Meningococcal ACWY



Meningococcal B vaccine=subunit vaccine



ACIP: “Shared decision making”

A serogroup B meningococcal vaccine series **may** be administered to adolescents and young adults 16-23 years of age to provide **short term** protection against **most** strains of group B meningococcal disease.



Margot is a 16 year-old female. She received all the recommended childhood vaccines.

Margot received two Pfizer COVID Vaccines 21 days apart 5 months ago.



Margot is a 16 year- old female. She received all the recommended childhood vaccines.

Margot received two Pfizer COVID Vaccines 21 days apart 5 months ago.

You give her a Pfizer booster

CDC Adolescent Vaccine Schedule (7 years through 18 years)



Vaccine*	Age in Years				
	7-10	11-12	13-15	16	17-18
HepB					
Hib					
PCV13					
IPV					
Flu (IIV) or	1 or 2 doses	Annual Vaccination 1 dose only			
Flu (LAIV)	1 or 2 doses	Annual Vaccination 1 dose only			
MMR					
VAR					
HepA					
Tdap		Tdap			
HPV			See Notes		
		*		2nd dose	
MenACWY	Note	1st dose	Note		
MenB	Note				
PPSV23					

Recommended

Shared Decision

Catch up

High risk

COVID Vaccines

KEY

* Click the vaccines to see footnotes

Range of recommended ages for all children

 Recommended based on shared clinical decision-making or
*can be used in this age group

Birth - 6 yrs

7 yrs - 18 yrs

Catch-up

Child Conditions

General Resources

Anthony is a healthy 8-year-old male. In clinic for a Flu shot. Had recommended vaccines at age 5.





CDC Vaccine Schedule (18 mos - 6 yrs)



Vaccine*	months		years	
	18	19-23	2-3	4-6
HepB	3d			
Rota				
DTaP	4d			5d
Hib				
PCV13				
IPV	3d			4d
Flu(IIV)			1d or 2d (Annual)	
or Flu(LAIV4)			1d or 2d (Annual)	
MMR				2d
VAR				2d
HepA	2d series			
MenACWY			note	
PPSV23			note	

d=dose (e.g. 1d= first dose)

*Click the vaccines to see footnotes

COVID 19



Anthony is a healthy 8-year-old male. In clinic for a Flu shot. Had recommended vaccines at age 5. Has not had COVID vaccine. Parents had COVID vaccine and booster. Mom: “Does he really need the vaccine? It seem like COVID is not that dangerous for children”. **“Someone told me that the vaccine causes heart problems in boys”**



Address concerns

“Thank you for sharing this with me, I can see why you would be worried about *potential heart problems* with the vaccine, can I share what I know?”

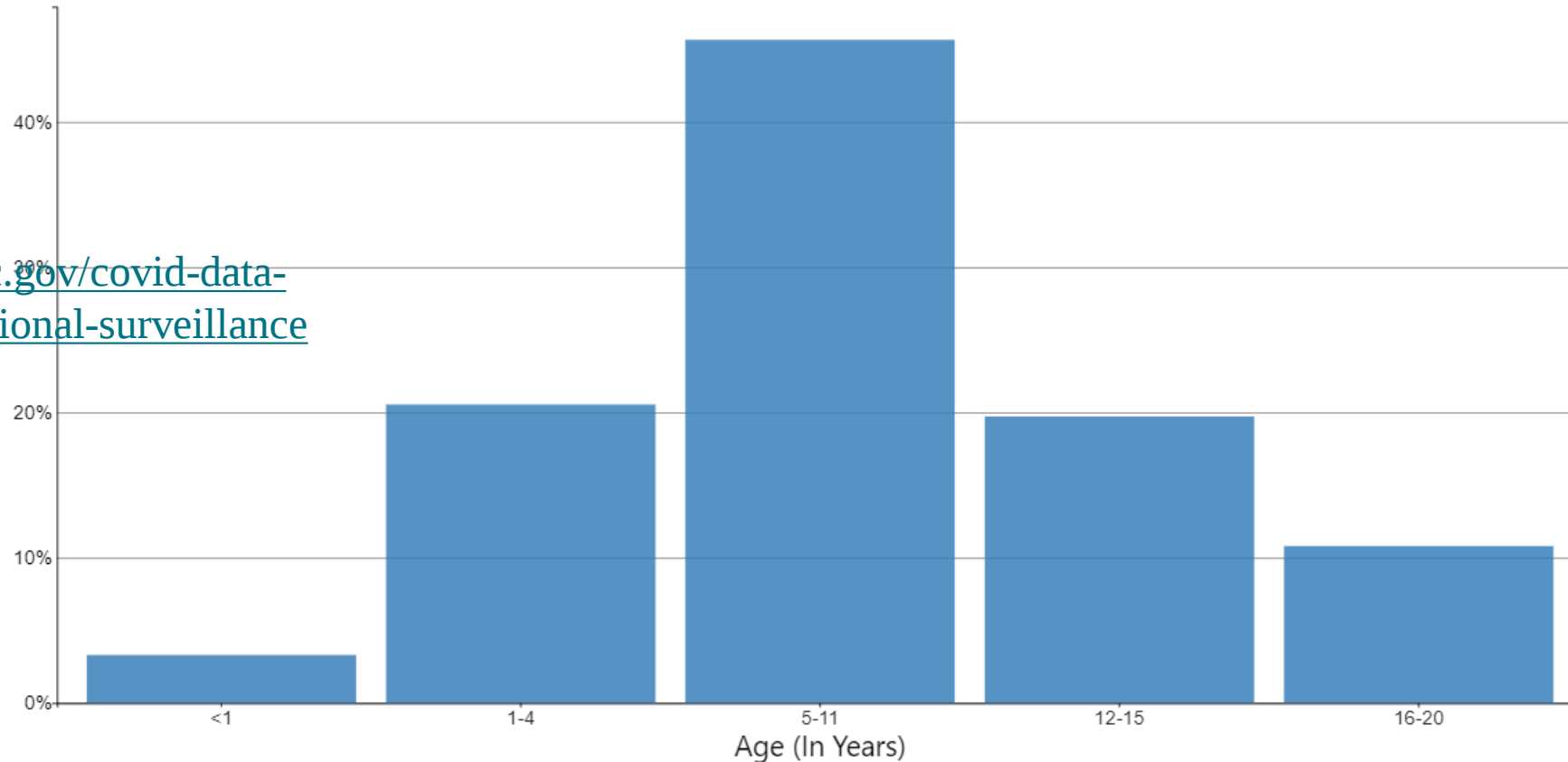
Children and COVID 19

28 million children between the ages of 5 and 11 years old in the United States

- 2 million cases of COVID-19
- Can spread COVID-19 to people in their households and school settings.

Multisystem Inflammatory Syndrome

MIS-C Patients By Age Group



<https://covid.cdc.gov/covid-data-tracker/#mis-national-surveillance>

Myocarditis and mRNA Vaccines

Most self limiting with complete recovery

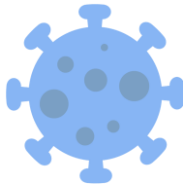
Rare occurrence 7-10 days after 2nd dose

Gender	Age	Rate per million second doses
Male	12-29	40.6
Male	>30	2.4
Female	12-29	4.2
Female	>30	1
Males	12-17	62.8
Males	18-24	50.5

COVID 19 Disease also causes myocarditis



mRNA COVID-19 (risk ratio = 3.24; 95% CI = 1.55–12.44)



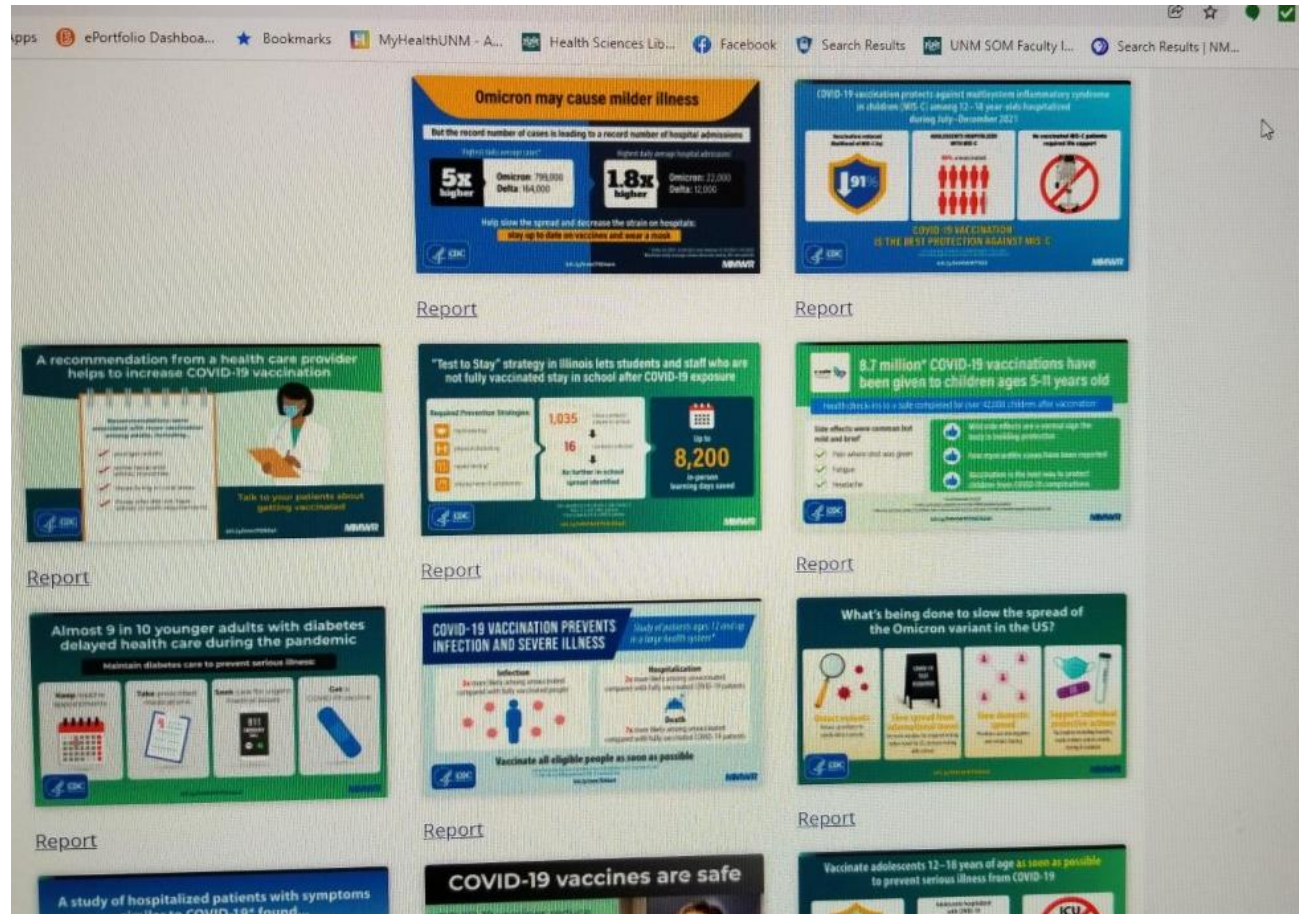
SARS-CoV-2 (risk ratio = 18.28, 95% CI = 3.95–25.12)

(Pfizer Vaccine in Israel)

Less recovery from myocarditis caused by disease

NEJM October 2021

MMWR Infographics



https://www.cdc.gov/mmwr/mmwr_covid19_graphics.html



8.7 million* COVID-19 vaccinations have been given to children ages 5-11 years old

Health check-ins to v-safe completed for over 42,000 children after vaccination[†]

Side effects were common but mild and brief[§]

- ✓ Pain where shot was given
- ✓ Fatigue
- ✓ Headache



Mild side effects are a normal sign the body is building protection



Few myocarditis cases have been reported



Vaccination is the best way to protect children from COVID-19 complications



* As of December 19, 2021

[†] V-safe, a voluntary smartphone vaccine safety monitoring system

[§] After the 2nd dose, about 2/3 children had a local reaction such as arm pain; 1/3 had a reaction beyond the injection site

bit.ly/MMWR705152a1

MMWR

COVID Vaccine: 6 months to 4 years



NOT APPROVED
NO EUA

Pfizer-May be reviewed in April
Moderna- Trial data in March

COVID Vaccine: 6 months to 4 years

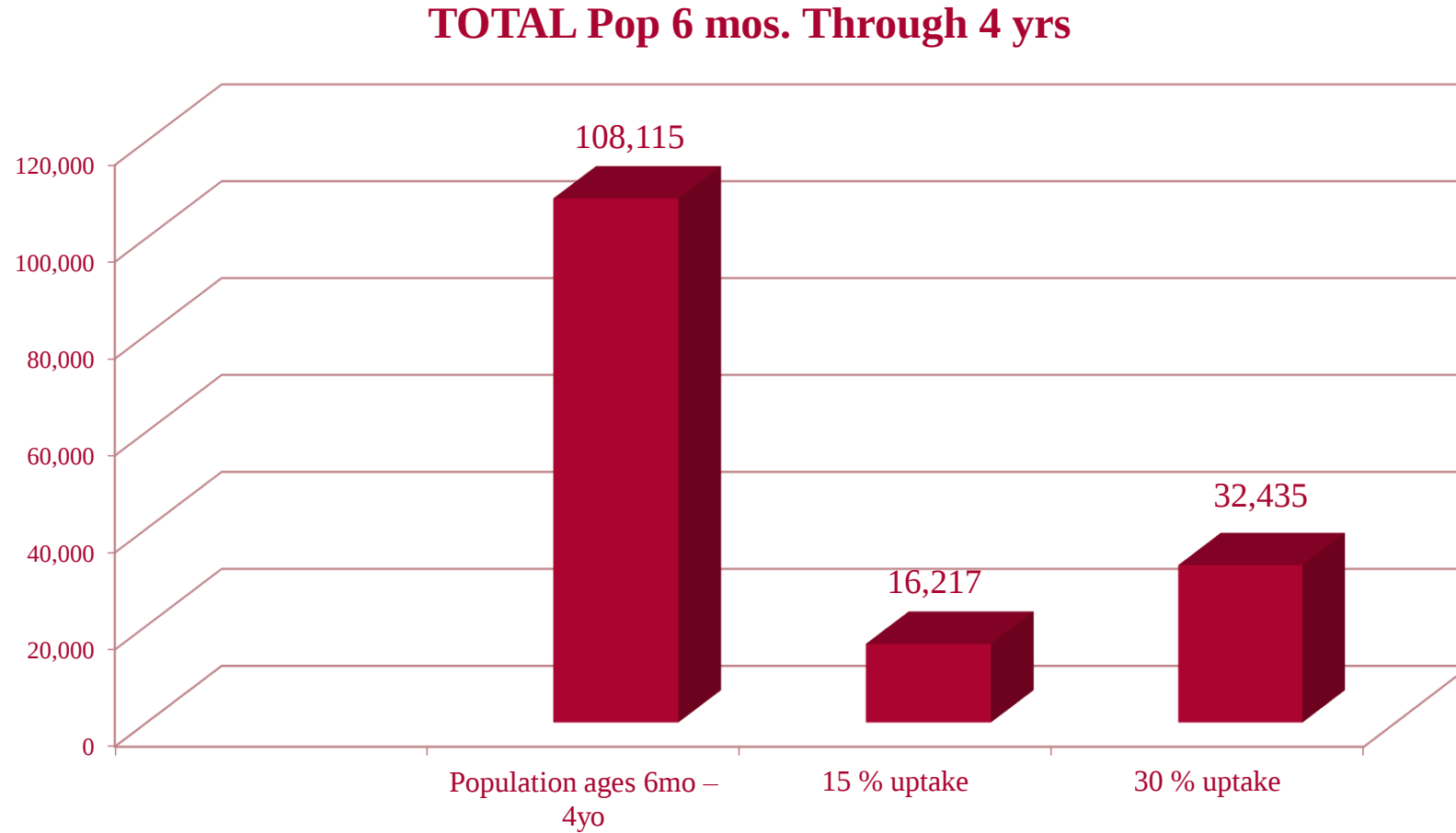
- 2-3 doses
- Likely need to mix/dilute
- Open vials will need to be used quickly (8-12 hours)
- Can be stored in refrigerators for weeks
- Shipped with “kits” to vaccination sites

Subject to change

Realistic Expectations

- Each younger age group has seen lower coverage than the group above it
- 5 to 11 is only 24.6% vaccinated as of Feb. 2 – or three months into the campaign
- Most pharmacists will not vaccinate below **age 5**
- Pharmacists have given 45% of all COVID vaccines in NM to date

Realistic Expectations



Introductions

- Dr. Laura Parajon
- Dr. Miranda Durham

NM DOH



Planning

- Will your practice vaccinate children in this age group?
- If not, why not?

Children and COVID 19



- What are the incentives and barriers you see to this age group getting vaccinated for COVID?
- How many children do you expect will come to your practice for COVID Vaccine? A Few, Some, Lots...

Children and COVID 19



- Can your practice use the 100 doses within 10 weeks
- Will it be possible to use the 10 doses in a vial in a 12 hour time?

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