

VCHIP VDH COVID-19 Q&A Chat April 27, 2022

Congratulations to Soph

C: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: Wow; fantastic news! Fantastic.

C: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Wow congrats Soph!!!!

C: Becca (Rebecca) Bell, MD, UVM Medical Center: Soph! Soph! Soph!

C: Jess: 🎉 Congrats!

C: Hillary Anderson, MD, UVM Medical Center: Congratulations!!

C: Merideth Plumpton, RN, Vermont Department of Health: Congrats! Well deserved!

C: Clayton Wetzel, RN, NCSN, Waitsfield Elementary School: I texted her already - but the chat comments would be great to share with Soph at some point!

Shout Out to Wendy

C: Molly Rideout, MD, UVM Medical Center: Huge shout out to Wendy Davis for being part of the AAP Antiracism Task Force (about 12 people) that was highlighted at the presentation at the Pediatric Academic Society meeting last week for their work and partnership with the National Medical Association to address structural racism in pediatrics.

C: Wendy Davis, MD, VCHIP: Thank you, Molly - I am fortunate to work with an amazing group of people at AAP and NMA with deep experience and knowledge!

Thank you to Wendy Walsh

C: Nathaniel Waite, RN, Vermont Department of Health: and 23 years as a School Liaison

Efficacy of Moderna Vaccine

Q: Any thoughts from Bill/Ben about the efficacy of the Moderna vax? It looks really low from what I've seen.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics (verbally): I confess IDK these data in as much detail as I had with the data sets for older kids and adults, partly because they are newer. I think one of the challenges is that all these data are now coming through the era of Omicron and probably some Delta before that. WE know all the vaccines had some decline in terms of what their efficacy was against those variants. It's a bit of a challenge to compare these efficacy numbers now to what the numbers were against the original Wuhan strain which is what the first Pfizer and Moderna vaccines were tested against. Another challenge, this is an age group at very low risk for severe illness anyway. We know that the variants are slightly tougher to protect against that it's even more pronounced when we're talking about preventing mild infection.

VCHIP VDH COVID-19 Q&A Chat April 27, 2022

Trying to show a large difference in mild infection during this setting is much harder. I don't know that it means the vaccines are not effective. It's that you won't see the impressive efficacy numbers that we did with those earlier vaccines. That doesn't mean that these vaccines shouldn't still be very effective against protecting kids, especially at higher risk kids against more severe illness. At this point in time we're almost comparing different things.

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: I do not know much beyond a blurb released last month: Moderna's two-dose COVID vaccine was about 44% effective at preventing infection from omicron in children 6 months to under 2 years old and about 38% effective for children 2- to 5-years-old. None of the children developed severe illness from COVID and the majority of breakthrough cases were mild.

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: The Moderna data in children (with Omicron) is not so different than the real world adult data for Omicron.

Vaccinating Younger Children

C: It could be helpful to get the word out through school newsletters as well.

C: Merideth Plumpton, RN, Vermont Department of Health: Great idea! We will make sure to include school nurses.

Where to Go if Pediatric Office Does Not Offer Vaccines

Q: There are pediatric offices that are not going to offer the vaccine. Would children under 3 go through the WIC program even if they are not enrolled in WIC?

A: Merideth Plumpton, RN, Vermont Department of Health: Yes, we are making a plan with the offices that cannot offer the vaccine. We have communicated directly with those offices.

A: Merideth Plumpton, RN, Vermont Department of Health: We only have one pediatric office that does not plan to offer the vaccine. There are several family practice sites that VDH will partner with.

Interval Dose Counseling to Patients

Q: I'm wondering how you all are counseling families on interval for dose 1 and 2 now that we know we get better immunity if spaced. Do you consider whether they have had COVID yet? Curious to hear what others are recommending.

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: If already diagnosed with COVID, I would highly recommend deferring vaccine for a few months. The UK data suggests a much better response if there is a delay. I personally would recommend using the longer interval recommended between first and second doses.

VCHIP VDH COVID-19 Q&A Chat April 27, 2022

Q: So 8 weeks between dose 1 and 2 in 5 and older? I know it's recommended for 12+.

A: William Raszka, MD, UVM Medical Center Children's Hospital & Larner COM Department of Pediatrics: I think that if possible, 8 weeks makes sense to me even in children aged 5.

C: Thanks Bill, I agree.