

COVID-19 for Pediatric Populations

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Daniel Johnson, MD
University of Chicago Medicine
Comer Children's Hospital
Pediatric Infectious Diseases
Director of ECHO-Chicago





Disclosures

- No financial disclosures
- What gets said here today may change based on new data and recommendations
 - Knowledge is shared more rapidly through ECHO





Agenda



- Demographics
- COVID vaccines
 - Boosters
 - Overview of 5-11 y/o vaccine
 - Myocarditis
 - Hesitancy
- Q&A

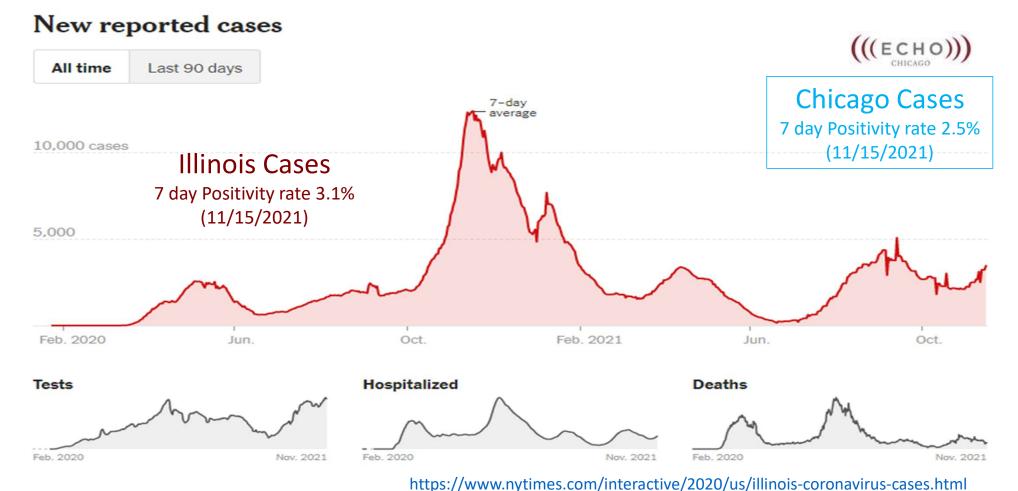




Demographics









The Texas "Experiment"

COVID-19 Cases And Deaths by Vaccination Status



Table 2: Age-specific case rates by	vaccination status,	Jan. 15, 2021	- Oct. 1, 2021

Nı	Table 11: Numbers a	and percentages of COVID-	19 cases	(ages 1	2+) by vacci	nation status				
Group 1 12-17		January 15, 2021 - Octo	ober 1, 2	021	Septem	ber 4, 2021 - O	ctober 1, 20	21		
years 18-29		Number	Per	cent	Nu	mber	Percent	of		
years 30-39	Status	of Cases	of C	ases	of (Cases	Cases			
years 40-49 years 50-64	Fully Vaccinated	46,321	3.	0%	19),548	8.4%)00	Impact
years 65-74 years	Partially Vaccinated	184,732	12	.0%	45	,271	19.3%			37 times higher in unvaccinated
75+ years ELR = Ele	Unvaccinated	1,314,337	85	.0%	169	9,391	72.3%			23 times higher in unvaccinated 55 times higher in unvaccinated
				50-64 years	1,191	80.96	100	2.85		28 times higher in unvaccinated
				65-74 years	847	213.25	162	8.77		24 times higher in unvaccinated
THE UNIVERSE	OF Pediatrics texas.go	v/immunize/covid19/data/	'Cases-a	75+ years	793	303.91	324	26.38		12 times higher in unvaccinated





Few COVID Facts for Kids 5-11 Years Old

- CDC data as of October, 2021
 - 1.9 million COVID-19 cases
 - 8,300 hospitalizations; 28.6 per 100,000 population, similar to influenza in 2017-2019
 - 2,300 cases of MIS-C had been reported to the CDC (44% of MIS-C cases), 1 per 3200 SARS-CoV-2 infections
 - 94 deaths due to COVID, single most deadly pathogen and the 8th leading cause of death during the last 2 years
 - Compared to other vaccine-preventable diseases (varicella, rotavirus, rubella, mumps, hepatitis A, etc.), the mortality burden for SARS-CoV-2 is substantially higher than these other diseases prior to introduction of their preventive vaccines
 - >10% of COVID infections, a proportion larger than their percentage of the US population
 - Children contribute to transmission of SARS-CoV-2 in households and communities similar to adults
 - During the current school year, approximately 2,350 schools faced COVID-19—related closures, half due to student this age
 - CDC's National Center for Health Statistics data
 - ACIP Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine in Children Aged 5–11 Years United States, November 2021

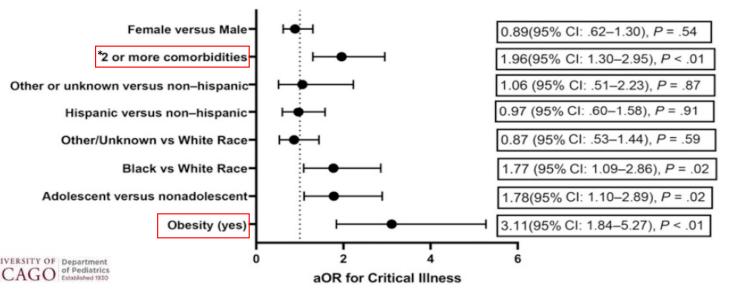
https://www.cdc.gov/mmwr/volumes/70/wr/mm7045e1.htm



The Impact of Obesity on Disease Severity and **Outcomes Among Hospitalized Children With** COVID-19

HOSPITAL PEDIATRICS Volume 11, Issue 11, November 2021

Sandeep Tripathi, MD, MS, Amy L Christison, MD, Emily Levy, MD, Jeremy McGravery, MS, Aysun Tekin, MD, Dawn Bolliger, BS, MLT, Vishakha K. Kumar, MD, MBA, Vikas Bansal, MBBS, MPH, Kathleen Chiotos, MD, Katja M. Gist, DO, MSc, Heda R. Dapul, MD, Utpal S. Bhalala, MD. Varsha P Gharpure, MD, Julia A. Heneghan, MD, Neha Gupta, MD, Erica C. Bjornstad, MD, PhD, MPH, Vicki L Montgomery, MD, Allan Walkey, MD, Varsha P Gharpure, MD, Julia A. Heneghan, MD, Neha Gupta, MD, Varsha P Gharpure, MD, Varsha P Gharpure, MD, Neha Gupta, MD, Neh Rahul Kashyap, MBBS, MBA, Grace M. Arteaga, MD On Behalf of the Society of Critical Care Medicine Discovery Viral Infection and Respiratory Illness Universal Study (VIRUS): COVID-19 Registry Investigator Group



*Co-morbidities:

- Asthma
- Seizures
- Developmental delay
- Diabetes
- Chronic lung disease/BPD

https://publications.aap.org/hospitalpediatrics/article/11/11/e297/179738/The-Impact-of-Obesity-on-Disease-Severity-and





COVID Vaccine



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How do COVID-19 Vaccine Boosters Compare?

Initial Vaccine Administered	Pfizer BIONTECH		moderna ⁻			Janssen J			
Initial Dose Regime		2		2			1	1	
Booster Shot Type	moderna	€ Pfizer BIONTECH	Janssen J	Pfizer	moderna ⁻	Janssen T	moderna	Pfizer	Janssen J
Binding & Neutralizing Antibody Assays (Geometric mean fold rise)	17.3 x	14.9 x	6.2 x	9.7 x	7.9 x	4.7 x	56.1 x	32.8 x	4.6 x
Rank	1 at	2 nd	3rd	1st	2 nd	3rd	1 st	2 nd	3rd



Atmar et al. doi: https://doi.org/10.1101/2021.10.10.21264827

The Vaccine 5-11 Y/O's

- No serious side effects in the study of 3,000 children
 - No cases of MIS-C
- 91% efficacy at preventing COVID
- 99% antibody response
- So far so good



Description	Current Adult/Adolescent Formulation (1170 and 450 packs)	Future Pediatric Formulation		
	Dilute Prior to Use	Dilute Prior to Use		
Age Group	12 years and older	5 to <12 years**		
Vial Cap Color	PURPLE	ORANGE		
Dose	30 mcg	10 mcg		
Injection Volume	0.3 mL	0.2 mL		
Fill Volume (before dilution)	0.45 mL	1.3 mL		
Amount of Diluent* Needed per Vial	1.8 mL	1.3 mL		
Doses per Vial	6 doses per vial (after dilution)	10 doses per vial (after dilution)		
torage Conditions				
ULT Freezer (-90°C to -60°C)	9 months	6 months		
Freezer (-25°C to -15°C)	2 weeks N/A			
Refrigerator (2°C to 8°C)	1 month 10 wee			



Myocarditis





Clinical Characteristics of Adolescents with Myocarditis After COVID-19 Vaccination: 12-20 Y/O's

Characteristic	Overall ($N = 63$)	12-15 y (n = 31)	16-20 y (n = 32)	P
Age, y	15.6 ± 1.8 (12-20)	14.4 ± 1.1	16.9 ± 1.0	_
Height, cm	172 ± 11	169 ± 11	176 ± 10	.01
Wt, kg	73.3 ± 19.4	67.5 ± 16.6	79 ± 20.5	.02
BSA, m ²	1.86 ± 0.30	1.77 ± 0.30	1.95 ± 0.30	.008
Male sex, n (%)	58 (92)	27 (87)	31 (97)	.16
Second dose, n (%)	62 (98)	30	32	.32
Days from recent vaccination to symptoms onset	$2.1 \pm 1.3 (0-7)$	$1.9 \pm 0.9 (1-3)$	$2.3 \pm 1.7 (0-7)$.15
Symptoms, n (%)				
Onset <2 d since vaccination	45 (71)	22 (71)	23 (72)	.94
Fever (≥100.4°F)	28 (44)	13 (42)	15 (47)	.70
Shortness of breath	22 (35)	9 (29)	13 (41)	.34
Chest pain	63 (100)	31 (100)	32 (100)	.98
Nausea or emesis	15 (24)	7 (23)	8 (25)	.82
Headache	16 (25)	7 (23)	9 (28)	.62
Fatigue, myalgias, or arthralgias	24 (38)	8 (26)	16 (50)	.05
Laboratory values				
Troponin, ng/mL	8.8 ± 9.1	7.7 ± 8.4	9.9 ± 9.9	.34
C-reactive protein, mg/L	37 ± 35	28 ± 23	46 ± 43	.05
BNP, pg/mL	94 ± 147	109 ± 168	68 ± 107	.50
Treatment and hospital course				
IVIg, n (%)	17 (27)	5 (16)	12 (38)	.05
Steroids, n (%)	15 (24)	5 (16)	10 (31)	.14
NSAIDs, n (%)	54 (86)	28 (90)	26 (81)	.31
Colchicine, n (%)	4 (6)	1 (3)	3 (9)	.32
ICU admissions, n (%)	27 (43)	10 (32)	17 (53)	.09
Length of ICU stay, d	$2.5 \pm 1.5 (1-7)$	$2.1 \pm 1.1 (1-4)$	$2.7 \pm 1.6 (1-7)$.23
Length of hospital stay, d	$3.0 \pm 1.4 (1-7)$	$2.8 \pm 1 (1-5)$	$3.3 \pm 1.7 (1-7)$.18
Inotropic, mechanical, or circulatory support; ECMO; or mortality	0	_	_	_





Cardiovascular Testing and Imaging of 12-20 Y/O's with Myocarditis After COVID-19 Vaccination

Findings	Overall ($N = 63$)	12-15 y (n = 31)	16-20 y (n = 32)	P
ECG, n (%)				
Abnormalities on ECG	44 (70)	19 (61)	25 (78)	.38
Complete heart block	1 (2)	0 (0)	1 (3)	.32
Nonsustained VT	3 (5)	1 (3)	2 (6)	.57
Echocardiography				
LV EF %	$61 \pm 6.5 (45-73)$	$61 \pm 6 (45-73)$	$60 \pm 7 (45 - 83)$.51
Reduced LV EF, n (%)				
Mild (EF: 45%-54%)	9 (14)	4 (13)	5 (16)	.80
Moderate (EF: 35%-44%)	0	_	_	_
Severe (EF <35%)	0	_	_	_
CMR				
Days from recent vaccination to CMR	$4.9 \pm 2.3 (2-15)$	$5.0 \pm 2.8 (2-15)$	$5.2 \pm 3.2 (2-15)$.68
Myocardial edema (T2-weighted imaging or T2 mapping), n/N (%)	50/56 (89)	24/28 (86)	26/28 (93)	.40
ECV %	32.6 ± 9	36.3 ± 11	28.9 ± 4	.05
Presence of LGE, n/N (%)	49/56 (88)	24/28 (86)	25/28 (89)	.69
LV EF %	$58 \pm 6 (46-73)$	$59 \pm 6 (46-73)$	$57 \pm 5 (47 - 64)$.21
Reduced LV EF, n/N (%)				
Mild (EF: 45%-54%)	13/56 (23)	6/28 (21)	7/28 (25)	.83
Moderate (EF: 35%-44%)	0	_	_	_
Severe (EF <35%)	0	_	_	_
LV EDV, mL/m ²	$86 \pm 12 (55-111)$	$85 \pm 11 (57-105)$	$88 \pm 14 (55-111)$.40
RV EF %	$56 \pm 9 (43 - 105)$	$56 \pm 5 (47 - 65)$	$55 \pm 12 (43 - 105)$.68
Reduced RV EF (EF $<$ 49%), n/N (%)	3/45 (7)	1/22 (5)	3/23 (13)	.58
RV EDV, mL/m ²	$89 \pm 15 (48 - 123)$	$87 \pm 13 (56-107)$	$91 \pm 16 (48-123)$.36





Outcomes

- None of the patients required inotropic, mechanical, or circulatory support
- There were no deaths
- Follow-up data obtained in 86% of patients at a mean of 35 days revealed resolution of symptoms, arrhythmias, and ventricular dysfunction



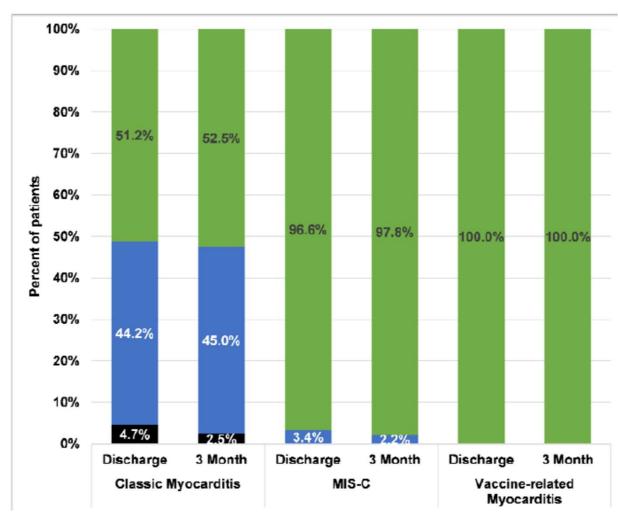


Myocarditis Outcome Comparison: Classic, MIS-C, Vaccine Associated

- Not on heart failure medications
- On heart failure medications
- LVAD/transplant/deceased

Patel et al. published in medRxiv https://doi.org/10.1101/2021.10.05.21264581





Myocarditis
Outcome
Comparison:
Classic, MIS-C,
Vaccine Associated

(((ECHO))) 100 -90 -80 -70 -60 50 40 -30 -20 -Group Events/Total Classic Myocarditis 30/42 10 -MIS-C 139/146 Vaccine-related Myocarditis 9/9 0 + Censor 10 5 15 20 25 Time to Normal EF (days)

Patel et al. published in medRxiv https://doi.org/10.1101/2021.10.05. 21264581





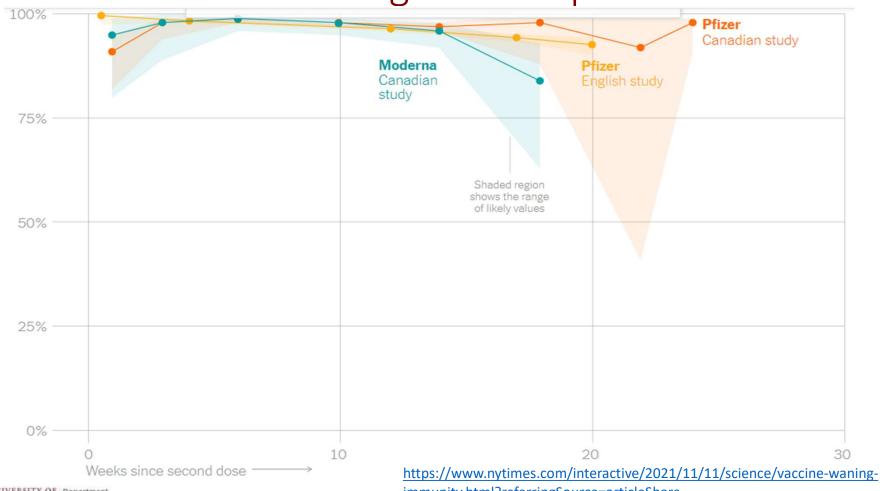
What are the Goals of Vaccination

- Prevent serious disease and death
- Reduce the load on healthcare systems, especially hospital beds



Vaccine Effectiveness Against Hospitalization







immunity.html?referringSource=articleShare

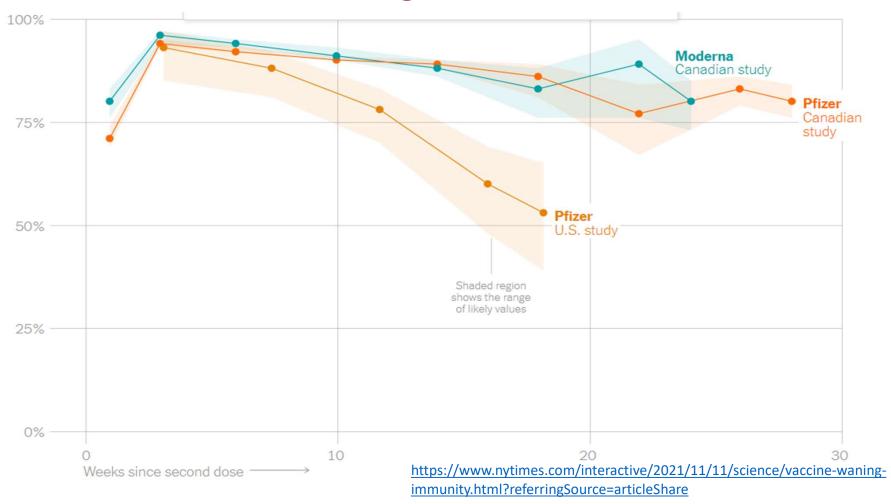


What are the Goals of Vaccination

- Prevent serious disease and death
- Reduce the load on healthcare systems, especially hospital beds
- Reduce risk of spread and infection is a bonus, not a requirement



Vaccine Effectiveness Against SARS-CoV-2 Infection





What are the Goals of Vaccination

- Prevent serious disease and death
- Reduce the load on healthcare systems, especially hospital beds
- Reduce risk of spread and infection is a bonus, not a requirement
- Reduce complications and anxiety

Benefits

Prevention of COVID-19 cases

Likely prevention of hospitalizations, MIS-C and deaths and post-COVID conditions

Possible prevention of transmission

Greater confidence in safer return to school and social interactions



Risks

Myocarditis or other rare events after mRNA vaccines?

Short-term reactogenicity



https://emergency.cdc.gov/coca/ppt/2021/110421_slide.pdf





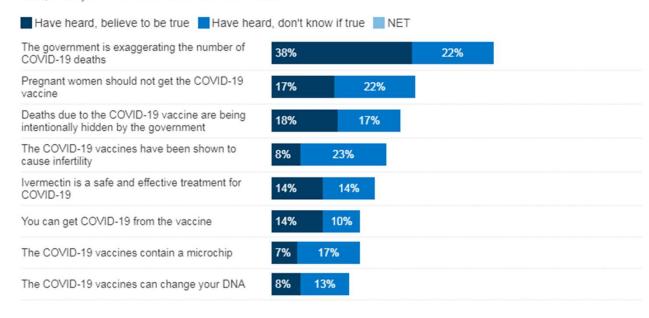
What You Are Up Against



Figure 1

Nearly Eight In Ten Believe Or Are Unsure About At Least One Common Falsehood About COVID-19 Or The Vaccine

Have you heard anyone say or have you read anywhere that ...? IF YES: To the best of your knowledge is that true or false, or do you not know whether it is true or false?



https://www.kff.org/coronavirus-covid-19/pollfinding/kff-covid-19-vaccine-monitor-mediaand-misinformation/?utm campaign=KFF-2021-polling-surve%E2%80%A6



NET who have heard at least one of these myths, and either say it is true or are not sure if it is true



NOTE: See topline for full question wording. SOURCE: KFF COVID-19 Vaccine Monitor (October 14-24, 2021) • Download PNG KFF COVID-19 Vaccine Monitor

OPINION

Vaccine Hesitancy

Meet the Four Kinds of People Holding Us Back From Full Vaccination



By Sema Sgaier

- COVID skeptics
 - Emphasize that vaccination is their own, personal choice one that can help them protect friends and family members
- Cost anxious
 - Vaccination is totally free
 - See if getting time off is acceptable for this reason as some business will
- System disruptors
 - Making vaccinations of people they know as visible as possible
 - Tracking and illuminating efforts to ensure the vaccine rollout is equitable and sharing that with the community is key
- Watchful
 - Opt-in to vaccines when ready
 - Making vaccinations of people they know as visible as possible



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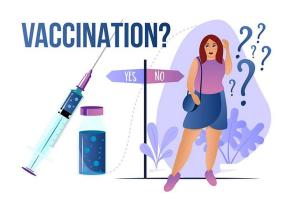
How to Talk to Patients About COVID Vaccine

- Process of approval
 - Well tested as very large trials
- You as healthcare provider can impact others by recommending it and that you are taking the vaccine
 - Best approach to getting patients onboard is knowing you are taking it
- Personalize the value to patient's health and of those they love
 - Spouses
 - Parents
 - Siblings
 - Friends
 - Co-workers
- Compare vaccine to risk of getting COVID
 - Emphasize morbidity, long and short term, as well as mortality
- Anticipate side effects and how to manage





Vaccine Hesitancy





- Some opening lines
 - The vaccines are highly effective in preventing illness -- even more effective than the annual flu vaccine
 - COVID vaccine will help protect you from getting sick
 - The quickest way for life to return to normal is for most people to get vaccinated
 - Nearly all providers who have been offered the vaccine have taken it
 - Millions of people have been vaccinated safely
 - The COVID vaccines have been held to the same rigorous standards as other vaccines; corners were not cut, red tape was eliminated to expedite the approval process
 - Have you talked to your child about the vaccine and how they feel about it
- Follow the conversation with an offer to direct them to how to get vaccinated



Vaccine Hesitancy

Motivational Interviewing Techniques

Annals of Internal Medicine



Addressing Mistrust About COVID-19 Vaccines Among Patients of Color

Douglas J. Opel, MD, MPH; Bernard Lo, MD; and Monica E. Peek, MD, MPH, M

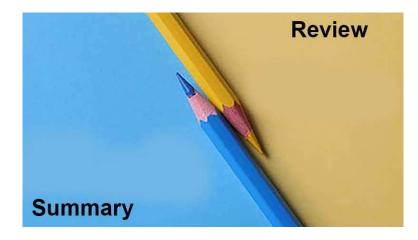
Technique	Rationale	Example
Open-ended questions	Helps identify, explore, and understand patients' COVID-19 vaccine concerns	"Can you tell me more about what is worrying you?"
Reflection statements	Encourages partnerships, deepens rapport, and broadens understanding of patient motivations	"I hear that you want to be sure that the COVID vaccine is safe for you."
Affirmation statements	Helps patients feel supported, appreciated, and understood, which can improve their engagement in an open discussion	"You're not alone. Several of my patients have similar concerns."
Ask permission to share	Puts patients in a less defensive posture and improves receptivity to information being shared	"May I share my view with you?"
Statements that support patient autonomy	Enhances a patient's sense of control and helps them feel more at ease with the conversation	"I want you to know that this is your decision to make."
Rolling with resistance	Meeting patient resistance with curiosity (an opportunity to understand more about the patient's perspective in a nonjudgmental, respectful way) rather than confrontation	"I am hearing that you don't think you'll get the COVID vaccine anytime soon. Tell me more about what is concerning you."
THE UNIVERSITY OF Department of Pediatrics Established 1930	encourages continued patient engagement	

Opal DJ, et al. https://www.acpjournals.org/doi/10.7326/M21-0055



Summary

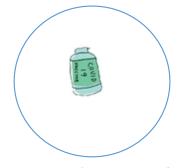
- Talk to your patients, bring it up
- Give them the facts, talk about risk benefit and compare to COVID risks
 - Explain risk factors that might help in decision making
- Work in a recommendation and tell them you got it too!
- Individualize your approach
- Don't be judgmental







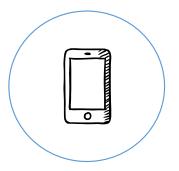




Foundational Training



Learning Collaboratives



Technical Assistance



Toolkit & Outreach Materials

Website: https://illinoisaap.org/covid19-immunization-campaign/

Jennie Pinkwater - **jpinkwater@illinoisaap.com** Kathy Sanabria - **ksanabria@illinoisaap.com** Stephanie Atella - **satella@illinoisaap.com**

