



COVID-19 and Back To School: What You Should Know

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Agenda

- Back to School : Fall 2022
- General CDC Prevention/Guidance
- California, COVID 19 and Vaccines
- Vaccine Eligibility and Schedules
- Questions & Answers
- Resource: Communications Toolkit
- Thank You and Next Steps

**Get ready
for back
to school!**



BACKPACK



NOTEBOOKS



**COVID-19
VACCINES**



To learn more about COVID-19 vaccines, talk to your child's doctor or visit MyTurn.ca.gov.



Fall 2022- Back to School

- Last year, there were 5.9 million k-12 students enrolled in school.
- Students are in classrooms and participating in out of school time (OST) activities and programs.
- Unfortunately, COVID is here to stay, impacting both classroom and out of school time (OST) because gathering together increases risk for COVID 19 exposure and transmission.
- Important to know the key information. Today we will focus on COVID 19 and vaccines.

CDC and COVID 19

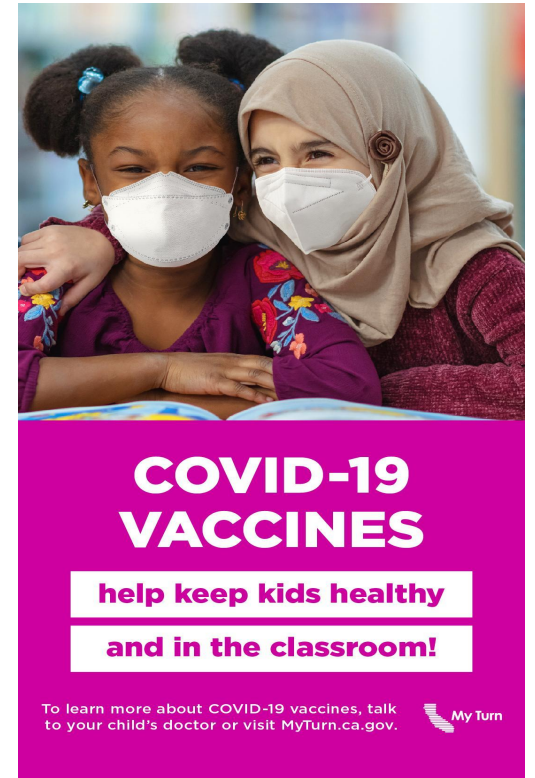
General:

- ***Stay Up To Date On Vaccinations***
- Stay Home When You Are Sick
- Optimize Ventilation
- Hand Hygiene, Respiratory Etiquette & Cleaning

When Community Numbers Increase:

- Masking (reduce spread)
- Testing (Diagnostic and Screening)
- Management of Cases/Exposures
- Outbreak Response May Be Layered
- Consider High Risk Activities (ie: close contact and indoor sports)

CDC Guidance
([link here](#))



COVID-19 & Vaccines

Vaccines Administered

79,191,867 Total
28,723 Daily Doses

COVID-19 - Cases

10,104,761 Confirmed
12,265 Daily Average

Vaccinated

79.9%
(5+ with at least one dose)

COVID-19 - Deaths

93,378 Total
34 average daily deaths

According to data available August 2, 2022

This information is all available on the [Vaccines Dashboard](#)

What Do We Know About COVID-19 Vaccines?

Vaccines are Safe and Effective:

- Studies continue to show that COVID-19 vaccine reactions are mild to moderate, including pain at the injection site and fatigue.
- Vaccines lower the risk of severe disease, hospitalizations, and death.
- Getting a COVID-19 vaccination is a safer and more dependable way to build immunity to COVID-19 than getting sick with COVID-19.

See data: [here](#)

What Do We Know About COVID-19 Vaccines?

Risks for Unvaccinated and Vulnerable Populations:

- Unvaccinated people are 6.9 times more likely to get COVID-19 than boosted individuals.
- Unvaccinated people are 11.2 times more likely to die than boosted individuals
- Vulnerable populations (age, disabilities, etc) may be disproportionately impacted

See data [here](#)

COVID-19 is a Serious Childhood Illness

In the U.S., Covid-19 has resulted in:

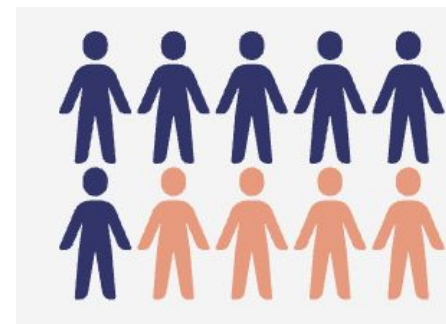
- Over 14 million illnesses (with over 2.8 million in kids younger than 4 years old)
- Over 144,000 hospitalizations
- Over 1,700 deaths

Children younger than 5 years old were hospitalized **5 times more** during Omicron than Delta.

Healthy children can also have severe COVID-19.

6 OUT OF 10

children under 5 years old who ended up in the hospital did **not** have any underlying health problems.



COVID-19 is Now a Leading Cause of Death in Children

| Age in Years | Deaths | Rank of Causes of Death |
|--------------|--------|----------------------------|
| <1 | 269 | 4 |
| 1-4 | 134 | 5 |
| 5-9 | 134 | 5 |
| 10-14 | 195 | 4 |
| 15-19 | 701 | 4 |

Long COVID in Children

Long COVID can also affect children, even after a mild COVID-19 infection.

Most common symptoms are fatigue, headache, insomnia, trouble concentrating, muscle and joint pain, cough

Impact on quality of life:

- Limitations of physical activity
- Feeling distressed about symptoms
- Mental health challenges
- Decreased school attendance/participation

MIS-C in Children

Multisystem Inflammatory Syndrome in Children (MIS-C)

- Rare but serious condition associated with Covid-19 infection
- Different parts of the body become inflamed

MIS-C has occurred in 1 of ~3,000-4,000 children with Covid-19 infection

Most children with MIS-C do not have any reported underlying medical conditions

The best way to protect against MIS-C is to protect against Covid-19 infection, including getting vaccinated

COVID-19 vaccination protects against multisystem inflammatory syndrome in children (MIS-C) among 12–18 year-olds hospitalized during July–December 2021

Vaccination reduced likelihood of MIS-C by:



ADOLESCENTS HOSPITALIZED WITH MIS-C

95% unvaccinated



No vaccinated MIS-C patients required life support



COVID-19 VACCINATION IS THE BEST PROTECTION AGAINST MIS-C



* Case-control study, 238 patients in 24 pediatric hospitals—20 U.S. states
† 2 doses of Pfizer-BioNTech vaccine received ≥ 28 days before hospital admission

bit.ly/MMWR7102

MMWR

COVID-19 Vaccines are Safe



- Over 200 million people, including over 29 million children, have safely received the COVID-19 vaccine.
- Pfizer & Moderna's results both showed:
 - Vaccine works very well in young children, like in adults.
 - Vaccine is very safe. Most children had only mild to moderate side effects (e.g., pain where shot was given).

COVID-19 Vaccine Availability and Timing

COVID-19 Vaccine Timing–Pediatric



Routine Schedule

| Age | Vaccine | Primary Doses | Booster Dose |
|------------------|------------------------|--|--------------|
| 6 months–4 years | Pfizer–Infant/Toddler | 1st Dose → 3-8 weeks [^] → 2nd Dose → ≥8 weeks → 3rd Dose | |
| 6 months–5 years | Moderna–Infant/Toddler | 1st Dose → 4-8 weeks [^] → 2nd Dose | |
| 5–11 years | Pfizer–Pediatric | 1st Dose → 3-8 weeks [^] → 2nd Dose → ≥5 months → Booster | |
| 6–11 years | Moderna–Pediatric | 1st Dose → 4-8 weeks [^] → 2nd Dose | |

Routine Schedule

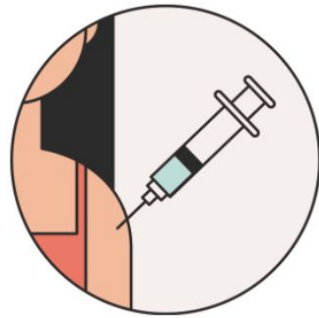
| Age | Vaccine | Primary Doses | Booster Doses |
|-------|--|--|--|
| 12-17 | Moderna–Adol/Adult | 1st Dose → 4-8 weeks [^] → 2nd Dose | |
| 12+ | Pfizer/Adol/Adult | 1st Dose → 3-8 weeks [^] → 2nd Dose → ≥5 months → 1st Booster | 1st Booster Ages 12-17: Pfizer Ages 50+: Moderna/Pfizer |
| 18+ | Moderna–Adol/Adult | 1st Dose → 4-8 weeks [^] → 2nd Dose → ≥5 months → 1st Booster | 1st Booster 18+: Moderna/ Pfizer (mRNA preferred) or J&J* ≥4 months → 2nd Booster 18-49: Not currently recommended. (If received J&J for primary and 1st booster, may consider receiving a 2nd booster of mRNA vaccine.) |
| 18+ | Janssen (J&J) Pfizer/Moderna preferred* | 1st Dose → ≥2 months → 1st Booster | |
| 18+ | Novavax | 1st Dose → 3-8 weeks [^] → 2nd Dose | |

[^] An 8-week interval may be preferable for some people, especially for males 12-39 years.

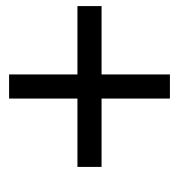
* Although use of mRNA COVID-19 vaccines is preferred, the Janssen vaccine may be offered in [some situations](#).

Getting Routine Vaccines at the Same Time is Safe!

- Some children may be behind on their routine vaccines.
- It is safe for a child to get the COVID-19 vaccine and other routine vaccines, including the flu vaccine, at the same time!



COVID-19 vaccine

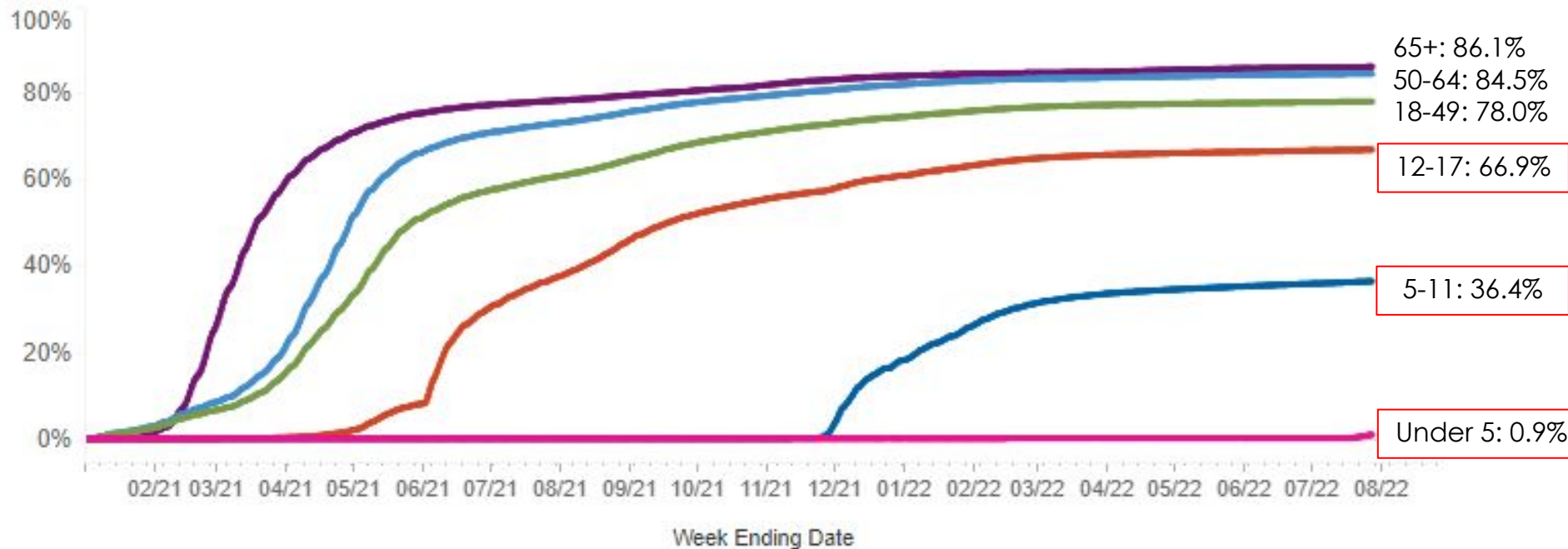


Other vaccines



COVID-19 Vaccination Trends

Primary Series Status by Age Over Time



Note: Unknown age represents fewer than 0.01% of records and are therefore omitted. Where the county of residence was not reported, the county where vaccinated is used. Data is not shown where there are fewer than 11 records in a group.

Under 5 5-11 12-17 18-49 50-64 65+

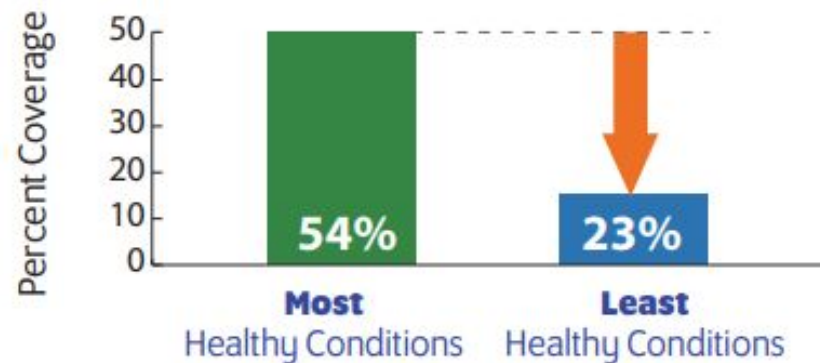
Children and teens have the lowest vaccination rates.

63% of children 5-11 years and **over 30%** of adolescents have yet to be vaccinated.

COVID-19 Vaccination Trends

SOME COMMUNITIES ARE FAR BEHIND

Only about 23% of California children living in the least healthy conditions are vaccinated against COVID-19 compared to 54% living in the most healthy conditions.



Children, ages 5-11 (as of April 11, 2022).

Why Should We Immunize Children against COVID-19?

COVID-19 can sometimes be very severe in children, leading to:

- Hospitalization and Deaths
- Long Covid
- Multisystem Inflammatory Syndrome in Children (MIS-C)

COVID-19 vaccines provide **strong protection against severe disease.**

COVID-19 vaccines have been monitored very closely and are safe for all ages, including children.

Resources

What is Long COVID?

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

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

Children experience long COVID symptoms similar to adults.

Long COVID can affect people who have experienced mild, severe or even symptom-free COVID-19 infections.

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

Most common symptoms persisting 6 months

extreme exhaustion (fatigue)

problems with memory and concentration (brain fog)

Other common symptoms

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

Ready to get your child vaccinated?

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

Long COVID in Kids

Covid -19 Risk Comparison for teens (12 years+)

| Not getting vaccinated. | VS | Getting vaccinated. |
|--|----|---|
| Risk of serious illness, hospitalization & death from COVID-19. | | Small risk of serious, rare vaccine side effects including myocarditis and pericarditis (TREATABLE heart problems) - after mRNA COVID-19 vaccination. |
| Risk of serious illness, hospitalization & death from COVID-19 virus variants like Delta | | Choosing NOT to vaccinate teens against COVID-19 is the riskier choice. <p>Visit myturn.ca.gov to find a vaccination location near you or call 1(833)422-4255.</p> |
| Risk of "Long COVID" - a wide range of new/ongoing health problems that starts approx. 4-5 weeks AFTER COVID-19 infection. | | |
| Risk of Multisystem Inflammatory Syndrome in Children (MIS-C) caused by COVID-19. | | |

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Risk Comparison for Teens

COVID-19 Risk Comparison for youth (5-11 years)

| Not getting vaccinated youth (5-11 years) | VS | Getting Vaccinated youth (5-11 years) |
|---|----|--|
| Risk of serious illness, hospitalization & death from COVID-19. | | The side effects of the vaccine are usually mild and can include: <ul style="list-style-type: none"> soreness tiredness headache chills nausea vomiting fever |
| Risk of "Long COVID"- a wide range of new/ongoing health problems that starts approx. 4-5 weeks AFTER COVID-19 infection. | | Children may need to take a day or two off from school/activities to recover from the side effects. |
| Risk of Multisystem Inflammatory Syndrome in Children (MIS-C) caused by COVID-19. | | Millions of youth (5-11 years) have been vaccinated safely <p>1.4 MILLION 40 % California</p> <p>9.9 MILLION 35 % United States</p> <p>Choosing NOT to vaccinate youth against COVID-19 is the riskier choice.</p> |

Fever PLUS 1+ of the following:

- Stomach pain
- Bloodshot eyes
- Diarrhea
- Dizziness or lightheadedness
- Skin rash
- Vomiting

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Ready to get your child vaccinated? Visit myturn.ca.gov or call 1(833) 422-4255 to find a vaccination location near you.

Risk Comparison for Youth

Resources for COVID-19 Vaccine (Under 18 Years)

For Staff Serving Infants, Children, and Teenagers

- Infant/Toddler Vaccine Social Media Toolkit for staff to post on their social media, to help promote the Infant/Toddler vaccine
- WhatsApp Social Media Toolkit for staff to post on their social media to help promote CDPH's WhatsApp Spanish tool. The public can get their COVID-19 questions answered by texting HOLA at 833-422-1090 to chat.
- CDC webpage for staff on [How Schools and Early Care and Education \(ECE\) Programs Can Support COVID-19 Vaccination](#)
- CDC webpage for staff on [Customizable Content for School and Childcare – Located Vaccination Clinics](#)
- [COVID-19 Risk Comparison for Teens \(12 Years+\)](#) social media graphics and videos, in English and Spanish. Staff can post on their social media to help promote the COVID-19 vaccine for those 12 years and older.
- CDPH Let's Get to Immunity Toolkit with several informational videos in English and Spanish

Resources for COVID-19 Vaccine (Under 18 Years)

For Parents and Guardians

- [COVID-19 Risk Comparison for Youth \(5-11 Years\)](#), [COVID-19 Risk Comparison for Teens \(12 Years +\)](#), and [What is Long COVID?](#) printable flyers to share with parents and teenagers that are available in English and Spanish
- [Top 5 Reasons Your Kids Should Get the COVID-19 Vaccine](#) printable flyer
- CDC webpage for parents on [How to Hold Your Child During Vaccination](#), also available in Spanish

For Children

- [Printable coloring and activity pages in English and Spanish for children and social media graphics about the COVID-19 vaccine for children](#)

For Teens

- CDC webpage on [COVID-19 Vaccines for Children and Teens](#), available in multiple languages

Questions?

Back To School Toolkit

<https://toolkit.covid19.ca.gov/>

Back to School Toolkit includes:

- event flyers
- newsletter articles
- fact sheets
- social media graphics
- testing information

and all other important resources as families get ready for the school year.



**Everybody 5+
should get a
booster.**

**5-11 year olds
should now get
their booster
dose of Pfizer
5 months after
their second dose.**

Vaccinate ALL 58: here

- Get your questions answered
- Book your vaccine appointment
- Find resources to share in multiple languages

Thank You!