



HHS/ASPR COVID-19 Clinical Rounds
Grand Rounds for EMS, Critical Care, and Emergency Department:
Our Five Week Experience With Pediatric Vaccinations

12/9/2021 session

Registration, Chat, Q & A, and Polling

Questions from Registration:

- Boosters & frequency
- EMS Provider Health and Safety
- How can peoples' behaviour can be changed for better COVID-19 vaccine uptake?
- Medical staffing going forward, address a large disaster with Covid, planning, and agencies staying in their lane.
- Mission Health Regional Transport Services
- More Covid-19 info sharing -lease
- MT DPHHS EMS for Children
- New Mexico Department of Health, Bureau of Health Emergency Management
- NH PHL
- OMG variant: what's next?
- PRA Health Sciences
- Spectrum Health Ludington Hospital
- Staffing Levels
- Threat of Omicron
- We are diversion all the time. I am not sure what the answer is. We also are boarding patients in the ED daily as well.

Crowdsourcing Responses from the Chat In your experience, what has been most effective at convincing parents to get their children vaccinated for COVID-19?

- The personal trusted connection between pediatric provider and the family.
- Most effective: begin with a discussion of of basic assumptions and beliefs, and compare with other accepted ideas. 50% acceptance when they realize that they are choosing to believe in thinly supported issues.
- So far it's been similar to discussions with adults considering their own vax, starting with avoiding "convince" approaches. My sample is biased, as I've rarely been the initiator and several have been at vax events before the pedi approval, but it still seems to come down to listening to concerns, know the info, respond but don't argue, treat each one as an individual.

Questions and comments from the Chat:

- <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-expands-eligibility-pfizer-biontech-covid-19-booster-dose-16-and-17> FDA authorized Pfizer boosters for 16 to 17 year olds today
- Along those lines, I saw a great webinar presentation by Dr. Noemi Spinazzi on vax for peds with special medical needs, particularly cognitive/developmental challenges. Hosted by <https://dredf.org/>.
- I may have missed this doesn't vaccine related myocarditis have 100% resolution, as opposed to COVID related myocarditis?
- In the graphics what is not mentioned are the specific risks for myocarditis & other cardiac complications among unvaccinated COVID-19 I would expect that some parents might find that contrast even more compelling
- Many I ask Dr ____ to briefly comment on the degree parent political attitudes seem to influence parent acceptance of child vaccination? How are clinicians you study / work with dealing with these barriers?
- Direct discussion with pediatrician can be effective but is very time consuming and often requires multiple sessions over time
- Incredibly important point Dr. ____ just made! That is the more important point...the risk:benefit ratio not just the risk of vaccine
- AAP,AAFP and others have concise talking points for clinicians. We established a local webpage in San Diego for clinicians, and we do "academic detailing" to reach out to various practices to give them tools and listen to concerns, Clinician resource page here: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/CommunitySectors/Healthcare_Providers_Community_Clinics_Hospitals_and_Pharmacies/resources-and-guidance.html#communityConversations Overall webpage for COVID here: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV.html
- For me, I have found that confrontation or a tough "you must vaccinate" attitude is counterproductive. I often make a statement such as "I want the best for you and all my patients" and "I will take care of you no matter what you choose"
- In our study of vaccine hesitant parents pre-COVID, parents told us the child's clinician even alternative care providers were most trusted among the various vaccine sources we asked about. Being told to vaccinate your child & having information to answer parents' questions were specific factors encouraging parents to vaccinate
- totally agree!
- great insights from your work
- right on. It's frustrating, but arguing is counterproductive, and it erases any benefit of being a trusted source.
- Here is some great data from GDPH that supports what Dr. O'Shea just mentioned: <https://experience.arcgis.com/experience/3d8eea39f5c1443db1743a4cb8948a9c>
- brings up a really good point - what are the elements of success relevant to 'unlocking' social media access for docs?
- You also need to be very prepared to deal with attacks from anti-vaxers if trying to promote via social media.
- San Diego also has a misinformation page for local use here: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/EvaluatingInformation.html

- Great points...I noticed many of these things when I was working in Texas in 2020-2021. We forget that there is often newspaper, radio and even TV media in several languages if there is a significant population in your area.
- Anti-vaccine trolls are everywhere but being silent will be a bigger issue. I have found that ignoring them is best.
- ___ brought up reaching out through faith based communities when he spoke last time. That struck a chord and applies in many areas where I have lived in the past
- Really agree that quick & measured response to misinformation is needed esp by trusted messengers. PS excellent observation that “some people are there for the fight”. Whoa 🤔 yes
- There is also the issue of threats against public health and medical officials which can be very serious
- In Northern VA, our county health department relies on their faith community partners for many of their initiatives, not just vax. Hard to find a more influential advocacy group than the church ladies (& gentlemen)
- Several PH officials (including county medical directors) have resigned because of threats in areas I am aware of
- I'd say it even more strongly. Let the community-based orgs lead and support them. They know their communities and are trusted sources. I've been on community partner Zooms since summer 2020 and it's a recurring theme: "We know where we need to be and whom we need to see - get us people and vax (or tests in 2020) and we'll make it work."
- Countering misinformation via WhatsApp: Preliminary evidence from the COVID-19 pandemic in Zimbabwe <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7556529/>
- agree. For instance, there has been strong community based efforts on the Reservations in NM with good results (and much education for those of us who are non-native American)
- what do you think it is easier to address misinformation on the Reservation?
- In San Diego we have unprecedented high volumes unrelated to COVID
- not necessarily, but the concerns are nuanced and distinctly different. They have hit so hard on the Navajo reservation in particular that learning how to understand the distinctions and assist has been important
- https://dredf.org/calendar/?mc_id=136 - last night. Recording should be up in a few days. Webinar title: COVID Vaccines for Children with Disabilities with Dr. Noemi Spinazzi
- Just wish that folks would keep the politics out of having vaccine shots and follow the science.
- Great point, that so far we're not seeing longterm adverse consequences from COVID-19 vaccination
- Interesting our human reaction is increased attention & fear to the stories of rare events
- In the college/university/hospital rich community of Boston, MA, the media frequently interviews subjects who refer to their “side effect” from a Covid 19 vaccine, as a “reaction.” And so perpetuates the conspiracy theories.....
- yet another excellent session! thank you! be well, stay safe!
- That's exactly how conspiracy theories take hold...that nugget of truth wrapped up with larger inaccuracies. It reminds us to stay informational and dispassionate...listen closely to peoples' concerns
- Yes plus Media amplification of perceived risks
- Risk perception isn't new ground, though - there's a difference between personalizing risk and politicizing it. Risk comm is different from ideological conflict.

Q&A

Question	Answer
None	none

Polling

1. I am aware that an EMT, paramedic, nurse, or physician, has provided care for at least one Omicron variant confirmed COVID-19 patient. (Single Choice) *

58/58 (100%) answered

Yes (9/58) 16%



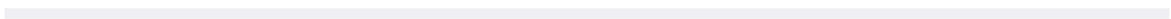
No (49/58) 84%



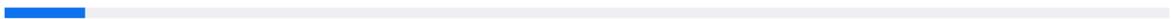
1. Omicron variant confirmed COVID-19 patients in our region have been cared for in which of the following? (Single Choice) *

57/57 (100%) answered

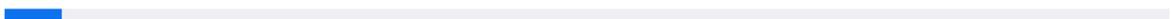
ICU (0/57) 0%



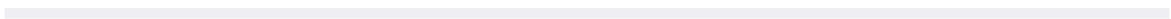
Hospital floor bed (4/57) 7%



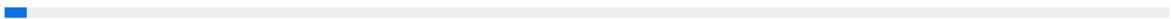
ED (3/57) 5%



EMS response (0/57) 0%



Ambulatory care setting (primary care, or clinic) (1/57) 2%



No Omicron variant patients cared for in healthcare setting (17/57) 30%

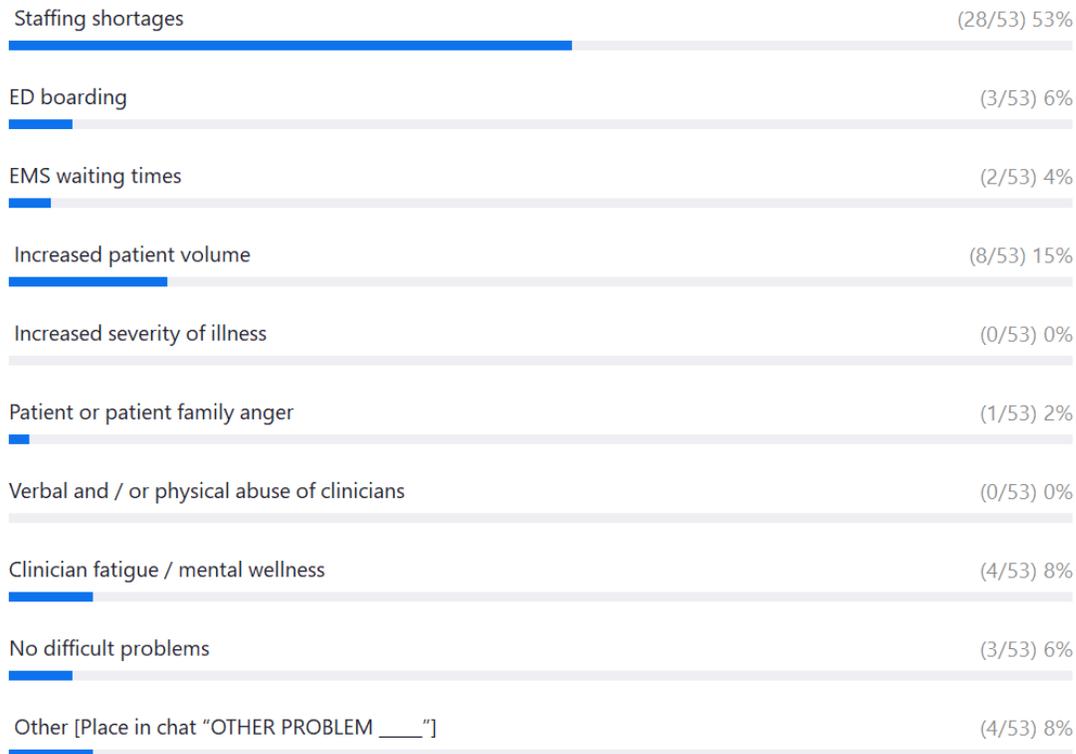


Don't know (32/57) 56%



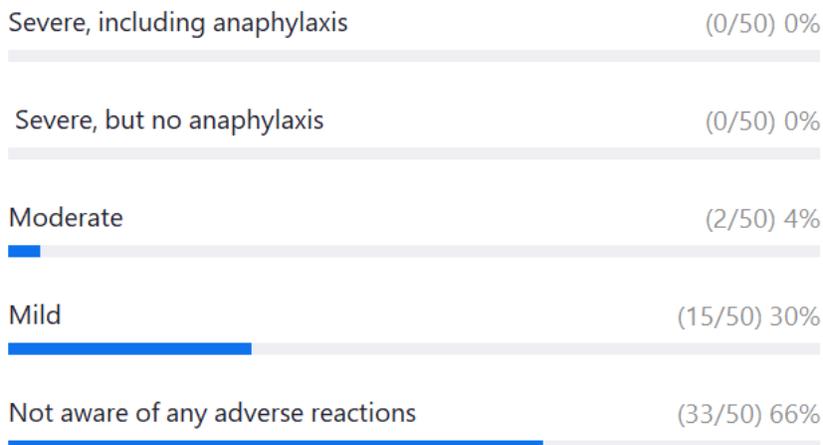
1. The most difficult problem in our region is: (Single Choice) *

53/53 (100%) answered



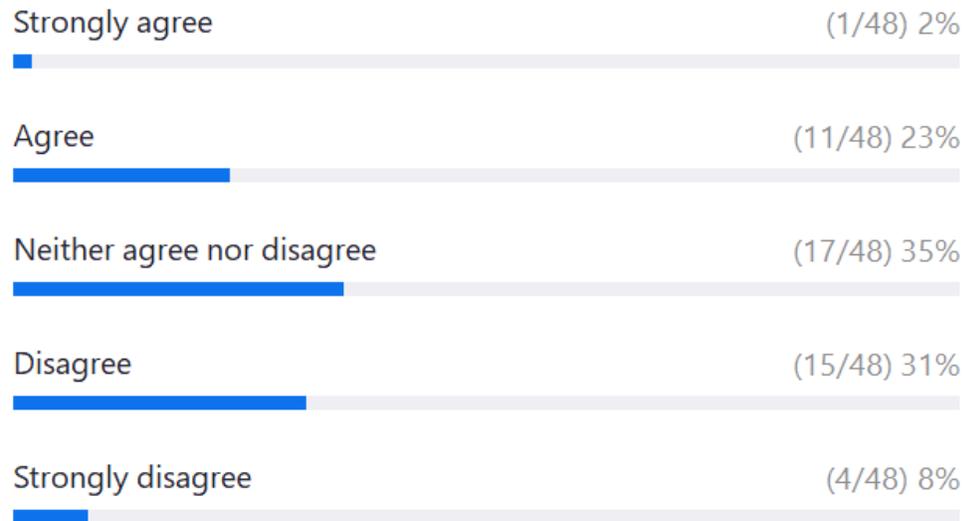
1. In my region, the most severe adverse reactions (clinical) to pediatric vaccinations have been: (Single Choice) *

50/50 (100%) answered



1. In my region, most parents are eager to have their children vaccinated: (Single Choice) *

48/48 (100%) answered



1. In your conversations with parents, which is the most common reason they do not want their children to get COVID-19 vaccinations: (Single Choice) *

43/43 (100%) answered



1. So far, as of today (12/9/2021), the most difficult challenge in vaccinating pediatric patients has been: (Single Choice) *

43/43 (100%) answered

