

Vax Update: Children & the COVID Vaccine

With Dr. Evelyn Twentyman

Diane (00:00):

What's the relationship between children and the COVID-19 vaccine? Well, on Vax Matters, you'll find out.

Diane (00:14):

In this episode we jump back into another highly discussed topic; the distribution of the COVID-19 to children. Now we do realize this is a sensitive subject, but we're very glad to welcome Dr. Evelyn Twentyman to talk through this issue with us. Dr. Twentyman brings a vast amount of expertise as a medical epidemiologist for the Centers for Disease Control and Prevention.

Diane (00:40):

Thank you so much Dr. Twentyman, for taking the time to be our guest today.

Dr. Twentyman (00:46):

Thank you so much. Thanks for having me here.

Diane (00:49):

Absolutely. A- and you know, I believe we real just need to start as we always do with our podcast at the beginning with the obvious question. Could you please start out by telling us what is the current COVID-19 recommendation for children?

Dr. Twentyman (01:06):

Thank you so much. That is a great question to get us started with. I'm happy to say that we have recently been able to simplify our recommendations for COVID-19 vaccines including for children. So right now, here are the recommendations. Everyone ages six months and older is recommended to receive a primary series of any age-appropriate FDA approved or authorized monovalent COVID-19 vaccine. Now those folks ages five years and older are also recommended to receive one bivalent, the, this is updated, MRNA booster dose after completion of any one of those FDA approved or authorized primary series.

Dr. Twentyman (01:57):

Um, al- also just note that there is a tone of flexibility here. Uh, monovalent vaccines are no longer authorized as booster doses. But, um, you can mix and match, uh, boosters and a primary series. So, um, if a kiddo over the age of five, for example, anyone ages six years or older received, um, a Pfizer primary series, they can get a Pfizer or a Moderna bivalent booster. Um, if they received a Moderna primary series, they can get a Pfizer or a Moderna bivalent booster. The one slightly complicated exception is because Pfizer and Moderna tested their COVID-19 vaccines in different age groups for people ages five years old. So just those kiddos age five years old only the Pfizer bivalent booster is authorized. So it's real simple for them. They can get a Pfizer primary series and a Pfizer booster.

Dr. Twentyman (03:03):

Um, just to summarize again, everyone ages six months or older get your primary series. Everyone ages five and older get that updated bivalent booster after you've done that primary series.

Diane (03:17):

You know, we're really appreciative that you're going through this again, Dr. Twentyman because it seems like throughout all of this that we've been dealing with over the past months and now years, the rules kind of change on a dime. Eh, and it's hard and especially for parents who want to do the best thing for themselves 'cause they have to keep themselves healthy to take of their children, to know about their children and what they need to take, do to take care of them. Uh, I think one thing I wanted to ask you, when you're talking about, uh, the vaccines that are, are approved for children and authorized, what is the difference, I'm assuming there is a difference.

Dr. Twentyman (03:57):

Yes, for sure. And I wanna acknowledge that yes, we have seen many changes to COVID-19 vaccine policy. Like, like you just implied right now. You are spot on. That is because, um, we in public health have just been working so hard to review all the data that exists on any of these vaccines and just get these life-saving vaccines to everybody as soon as we can. But that's meant that, uh, since the, since the dawn of availability of these vaccines, indeed you've seen, uh, deescalation in age to now everyone ages six months and older-

Diane (04:37):

Mm-hmm.

Dr. Twentyman (04:38):

... can get it. Um, and for a bit there, it was a little complex how many boosters a person might need or not need. And now with the dawn of bivalent boosters, it's real simple again and everyone just needs one. Um, so yes, there have been a lot of changes and thanks for sticking with us as we continue to review all this data and make these changes to protect public health as much as possible.

Diane (05:03):

And I'm sure-

Dr. Twentyman (05:04):

Now I wanna get to your, oh sorry.

Diane (05:06):

No, eh, no no. Please continue. I didn't mean to interrupt.

Dr. Twentyman (05:08):

Oh, I wanted to get to your, um, question on, uh, authorization versus approved. And, um, this is, uh, this is an important difference. It's something, um, that is, uh, particularly important during the COVID-19 pandemic. So emergency use authorizations are a form of tentative approval that the FDA can give a vaccine product when, when we know that there is, like, an emergent public health need, like COVID-19 for-

Diane (05:43):

Mm-hmm.

Dr. Twentyman (05:44):

... example. Uh, and we know that, um, companies won't have years of data yet, won't be able to make, um, the, the license applications yet, but we have confidence that a vaccine is safe, that a vaccine is effective. The FDA, um, has been using emergency use authorizations to make sure, uh, that those life-saving vaccines become available to Americans as soon as they are, uh, safe and effective. So in other words, as soon as it's appropriate to do so.

Dr. Twentyman (06:21):

Now, um, many, uh, vaccines now at this I- sort of later stage in the, in the pandemic when, uh, we now have had the opportunity to see these vaccines in use, um, for more than a year and been able to collect a lot of data, uh, actually many of the vaccines now have licensure, meaning approval. Meaning, um, de- there's nothing tentative about the approval for, um, Moderna vaccine for adults for example, or for Pfizer COVID-19 vaccine for anyone ages 12 and above. So in other words, those older kids and adolescents have an approved vaccine available and not just one under emergency use authorization.

Dr. Twentyman (07:06):

So, um, that's, that's the difference between the emergency use authorization and approval and that's why emergency use authorization has been so important to meet the demands of this pandemic.

Diane (07:17):

And I think that is, eh, very logical and it makes sense. But sometimes yeh- the, those of us who are not in the medical field, you see these words and you, you kinda think about them, you kinda chew on them and you think "Okay, okay, I know there's a difference. Which is better? Which do I need to know about?" But thank you. Thank you, we needed that clarification.

Diane (07:40):

So tell me a little bit-

Dr. Twentyman (07:40):

[inaudible 00:07:41]

Diane (07:41):

... about, um, how in demand the COVID-19 vaccine has been for the youngsters now it's available and the parents know about this.

Dr. Twentyman (07:51):

It is available. I sure hope parents know about this.

Diane (07:55):

Me too.

Dr. Twentyman (07:56):

Because this is the very best way-

Diane (07:59):

Mm-hmm.

Dr. Twentyman (08:00):

... that we have of protecting our kids from COVID-19 disease and you know, this is a big priority for me as a parent of two young children. Uh, I wanna do everything I can to protect my kiddos and I know that lots and lots and lots of other parents across the US, uh, are right there with me.

Dr. Twentyman (08:18):

Unfortunately, we've seen that the uptake of these vaccines has not been great among children.

Diane (08:26):

Hmm.

Dr. Twentyman (08:27):

And so, one of the reasons I'm so grateful to be here speaking with you today, um, is to share this information with you and, and to, to hopefully communicate that these vaccines are available right now. Um, if your listeners are inside the United States, they can get their children vaccinated today, uh, with one of these vaccines. They are safe. They are effective.

Dr. Twentyman (08:52):

And fortunately for kids six months through four years of age, just about 1.4 million children have had at least one dose of a COVID-19 vaccine which is just under seven percent-

Diane (09:05):

Mmm.

Dr. Twentyman (09:06):

... of all the children in that age group. And by the way, that's just one dose. That's not even to say have completed the whole primary series. Unfortunately, that number is more like three percent-

Diane (09:17):

Oh dear.

Dr. Twentyman (09:18):

... of this age group.

Dr. Twentyman (09:19):

Yeah. And then in the slightly older kiddos, the children ages five through 11, 11 million first doses have been given. So that's 30.6 percent of children, again, just a first dose.

Diane (09:32):

Mm-hmm.

Dr. Twentyman (09:33):

Um, and then, uh, only 1.4 million booster doses have been given. So that is just 15 percent of children who have completed a primary series and that is a very small number of this age group overall.

Dr. Twentyman (09:49):

Uh, and then moving up again into adolescence, uh, so those ages 12 through 17, um, about 70 percent have received at least one dose, uh, and about 30 percent have received both a primary series and a booster dose.

Dr. Twentyman (10:07):

So overall, the numbers are not small. The reason we've been able to collect such amazing and reassuring data on safety is that more than 30 million children and adolescents have received at least one COVID-19 vaccine dose. To there is some good news, but despite this great progress, there's a lot more work to do to increase coverage among children, especially as you, as you might have heard, um, in those under the age of 12.

Diane (10:41):

Do you have any thoughts on why this is the case? Frankly, you know, I'm not in the medical profession, but the numbers that you just gave, I'm surprised. I'm surprised that the numbers are so low, especially for the younger ones. You know, adolescents look like they're kind of catching up. But, uh, the parents, is it the vaccine hesitancy? Is it misinformation? Why do you, what do you think? I'm just curious.

Dr. Twentyman (11:09):

Well, um, you know I think it's, it's probably different for different parents. Um, I think, uh, a few things that, I'll just reflect a few of the things we've heard and then what I would offer, um, in response to a parent that I cared about, um, of kids that I care about.

Dr. Twentyman (11:32):

So one of, one of the things that we hear is "Well, these vaccines have not been around very long. You know, are we sure they're safe?" And I wanna say that I appreciate and admire the desire to keep our children safe. You know, that's, that's our main job as parents is keeping our kids safe. I can say with great confidence that these COVID-19 vaccines and boosters are very safe for our children. Sadly, COVID-19 disease is not safe for our children. And so I really like to encourage parents, you know, get that vaccine. Give your child the best possible chance of doing really well if they get infected with COVID-19. Give them the chance of reducing, uh, their risk of infection. Um, give them the chance of, of having the healthiest, happiest childhood they can have-

Diane (12:34):

Absolutely. Yes.

Dr. Twentyman (12:35):

... with all those vaccines on board.

Diane (12:36):

Yeah.

Dr. Twentyman (12:37):

Um, and in terms of new, I guess, eh, in comparison with some other vaccines, these vaccines are new, but fortunately, we have now, um, had years of experience with these vaccines since they, uh, since they first, uh, were developed in 2020. Uh, and we have been monitoring them under the most intensive vaccine safety surveillance program in the history of United States of America (laughs)-

Diane (13:05):

Absolutely.

Dr. Twentyman (13:05):

... [inaudible 00:13:06] and we're watching them really closely.

Dr. Twentyman (13:08):

And then the other, um, reflection that I sometimes hear from parents, in fact, um, I'll say I actually heard this last night when I was, um, at, uh, the Jiu Jitsu class of one of my children. Um, I was speaking with another mom, and she said, "You know, I don't know if I'm gonna get my, uh, son vaccinated." I won't use his name, but he was in the Jiu Jitsu class with my son. Sh- "I don't know if I'm gonna get him vaccinated 'cause, you know, he had COVID once." Eh, wha- and i appreciate that. And you know, a lot of us grew up in the era before the chickenpox vaccine so we remember our parents taking us to get chickenpox when we were younger to avoid having the severe course when we were older because no vaccine existed. And then maybe we think "Well then that must mean if our child has had COVID-19, then they don't need-

Diane (14:04):

Mm-hmm.

Dr. Twentyman (14:04):

... a vaccine. So I s- I sort of understand the perspective, like, where that might be coming from. But here's what I said to, uh, my friend, that, that mom of that child, the, the friend of my son in class with him. I said "You know, the very best thing we can do to help our children as we face the continuation of, of this pandemic is to get them this vaccine. It's really unfortunate that this virus keeps getting transmitted and keeps getting transmitted and it is, it is still all over the US. It keeps changing. Um, but you know, we are reviewing the data all the time. We are updating those vaccines as the virus itself keeps changing, we're changing the vaccines. Go get your child vaccinated." This child was over the age of five, so I said, "I would recommend you get your son vaccinated and boosted. We know that he'll have a better chance against COVID-19 the next time he gets it than a child who's not gotten the vaccine even if both of them had COVID-19 before. We all wanna do what's best for our kids and what's best for our kids is getting vaccinated."

Diane (15:20):

And that's what you were saying, that you kind of understood what she was saying because her son had COVID.

Dr. Twentyman (15:27):

Mm-hmm.

Diane (15:28):

Eventually not a really serious or severe case because he's fine and he's in class with your son. But I, I-

Dr. Twentyman (15:33):

Mm-hmm.

Diane (15:34):

... believe that the, m- maybe people think well, I, maybe, I think maybe back in the days too before the flu vaccine was so prevalent-

Dr. Twentyman (15:42):

Mmm.

Diane (15:42):

...that "Oh, I've had the flu, so I don't need to get y- you know, a flu shot because I've already had it. And sometimes we kinda go down that rabbit trail of thinking "Oh no, it's not a big deal." But it is-

Dr. Twentyman (15:52):

Mm-hmm.

Diane (15:52):

... a big deal and especially for the children and as you-

Dr. Twentyman (15:56):

Mm-hmm.

Diane (15:56):

... said, they're going to be around other children. And I've had friends that they've had COVID multiple times, not just once. And, and as you said, it's ever ha- unfortunately, ever evolving. And it's a, it's, it's a way of, it's gonna be a way of life for maybe for a long, long time.

Dr. Twentyman (16:15):

Yes. But you know, we can meet this challenge.

Diane (16:18):

Yes.

Dr. Twentyman (16:18):

The flu has been with us for a long, long time and we've, we figured it out. You know with flu, we just get, we get our annual flu vaccine. That was a great example to bring up. Because we know that people do better with the flu if they do get flu if they had that vaccine. We also know over time, people are less likely to get the flu if they stay up-to-date with their flu vaccine.

Dr. Twentyman (16:43):

And so yeah, similarly to the flu, you know, we met, we meet that challenge. We will meet this COVID-19 challenge. And if you're a parent listening, you can do your part, uh, by getting vaccinated yourself and by getting your kiddo vaccinated too.

Diane (16:59):

Yeah. I have no children, so I'm only speaking through my experience as an adult. I have, I've had the vaccine. I'm triple boosted. Happy, happy about that. I got my flu shot, you know, about a month or so ago. So I feel good to go now so if I get sick, it's not because I'm not being cautious in taking care of myself and being proactive about my health. I think that's how so many people need to reflect upon and need to do it. But I'm only familiar with as an adult what I need to do. Could you be just a little more specific about the differences of the vaccine and the boosters for the children and the teens 'cause I'm not familiar with that age group. And you were talking about that some of them need one or two boosters or three or, or the vaccines. I'm sorry, I, I kinda-

Dr. Twentyman (17:49):

Mm-hmm.

Diane (17:49):

... there, there's a lot of information there. Could we go back over that again please?

Dr. Twentyman (17:53):

Yes. Absolutely. So, and I'll get, I'll drill down into, uh, more specifics.

Diane (17:58):

Okay.

Dr. Twentyman (17:58):

So let's do the same thing we did at the beginning of our, of our chat. We'll go, we'll start with the youngest kiddos and then we'll go up in age.

Dr. Twentyman (18:06):

Um, so let's talk about the, the little ones first. Um, so the children that are, um, less than six years old. So children ages six months through five years, in other words, up to the age of six, uh, have a primary series recommendation of two doses of Moderna or three doses of Pfizer if they're ages six months through, uh, four years.

Diane (18:40):

Okay.

Dr. Twentyman (18:41):

Because as I think I implied, I, the, the two manufacturers for this age group studied slightly different age (laughs) ages. Uh, so for kids ages six months through five years, a primary series could be two doses, uh, of Moderna.

Diane (18:56):

Mm-hmm.

Dr. Twentyman (18:57):

Or for kids ages, uh, six months through four years, three doses of Pfizer-

Diane (19:04):

Pfizer, okay.

Dr. Twentyman (19:05):

... of COVID-19 vaccine.

Diane (19:05):

Mm-hmm.

Dr. Twentyman (19:06):

Now let's go up to the, the next category. Um, children ages, uh, five through 17, um, can get a two-dose primary series, uh, with Pfizer. Um, or a, um, a, children ages six through 17 can get a two-dose primary series with Moderna. So as you can see, it's already gotten a little, a little more simple.

Diane (19:32):

Yeah.

Dr. Twentyman (19:33):

And then everyone ages five and above, uh, can have one of our updated bivalent boosters. Um, and they just need to wait at least two months after completing their primary series. And, uh, like I mentioned before, you can, you can mix and match-

Diane (19:51):

Mm-hmm.

Dr. Twentyman (19:51):

... the Pfizer for the primary. You can get Moderna for the booster. If you get Moderna for your primary, you can get Pfizer for the booster. Um, and so that's what we're encouraging everyone to do.

Dr. Twentyman (20:02):

Um, I don't know if you want to go into recommendations for people with, um, moderate or severe immuno compromise, but I'll say some people are recommended to actually, uh, get a three-dose, uh, primary series, uh, whether Pfizer or Moderna. Um, but those are, those are those folks with, um, with, with weakened immune systems either due to cancer for example or treatment of a cancer that's currently in remission or an organ a transplant or maybe some primary immunodeficiency meaning like a, a something someone was born with. Um, and so those folks are, uh, recommended, uh, to receive a three-dose primary series.

Dr. Twentyman (20:51):

Because we're going into the details at this time, I'll add to that there is another, uh, vaccine platform available for adolescents. Um, the Novavax COVID-19 vaccine is also now available as a primary series for children or rather adolescents ages 12 through 17 and that is a two-dose primary series whether or not a person has, um, immunocompromise or a weakened immune system.

Diane (21:22):

So when you were talking about the weakened immune system, that could go for adults or for the young people or for the children. Is that correct? I did understand that correctly.

Dr. Twentyman (21:30):

Yes, exactly.

Diane (21:30):

Okay.

Dr. Twentyman (21:30):

That's correct. That's correct. There are some exceptions like for example, with the Novavax COVID-19 vaccine, that's still a two-dose primary series regardless of whether you have-

Diane (21:42):

Mm-hmm.

Dr. Twentyman (21:43):

... a weakened immune system or not.

Diane (21:44):

So you have basically, it ju- it sounds like the adult situation that you have the primary series. And then you continue with boosters for the youngsters as well. Does-

Dr. Twentyman (21:56):

Mm-hmm.

Diane (21:56):

... that w- w- with adults every so often, you know, you hear "Okay, time, we got this new, we've got this new variant. Time to get another booster and what have you." So is that what we're looking at with children too? That, the, that pediatricians will let parents know when it's time for another booster or how, how does the booster come into play after the primary series, doctor?

Dr. Twentyman (22:18):

Correct. So right now, we have, um, a much-simplified situation because right now we all get to stop counting boosters. And if your age is-

Diane (22:28):

Okay, that-

Dr. Twentyman (22:29):

... is five-

Diane (22:29):

... sounds good. (laughs) Geez, eh-

Dr. Twentyman (22:30):

... yeah-

Diane (22:30):

... whoo!

Dr. Twentyman (22:31):

... five years and older, if your age is five and up and you've completed your primary series, you just need one updated, that is to say bivalent booster.

Diane (22:42):

Mm-hmm.

Dr. Twentyman (22:43):

And you are up to date with your COVID-19 vaccines. Doesn't matter how many boosters you received in the past.

Diane (22:50):

Okay.

Dr. Twentyman (22:51):

You're, you're, you're good to go with your updated bivalent, uh, booster.

Dr. Twentyman (22:55):

Now we have gotten the question "What does this mean in the future? When will we need another booster?" And we don't know exactly when. We are hoping to move toward a model that you might recognize, uh, as very similar to the model of the flu where we, where we get a booster every once in a while. Um, maybe every year for example. Um, and then that way we just stay up to date forever by just getting a regular booster.

Dr. Twentyman (23:29):

Now we don't know yet what exactly that model will be because this virus hasn't been around very long yet.

Diane (23:37):

Yeah.

Dr. Twentyman (23:37):

We're still collecting data all the time. We're still understanding if this virus has seasonality, what that seasonality is, meaning what that, like, regular recurrence is, what that looks like. Um, but you know, what I can assure you is the CDC is here to be obsessing over that data-

Diane (23:54):
(laughs)

Dr. Twentyman (23:55):
... and learning from it, characterizing it-

Diane (23:56):
Right. Yeah.

Dr. Twentyman (23:57):
... and making the best decisions about boosters based on that that we can offer.

Diane (24:02):
And this virus is just tricky, right? When you think you got it under your thumb, it's "Uh-uh, uh-uh. I'm gonna throw you just a little something, you know, monkey wrench into the works," and to make the brilliant minds there at the CDC just "Are you kidding me?" But you know, like you said-

Dr. Twentyman (24:18):
[inaudible 00:24:19]

Diane (24:19):
... you're, it's always, now that this is, you, it's been two years now or longer counting or whatever that it's, it's in our, it's in our national the, well the, the worldwide consciousness that we want to do what we need to do so that we don't have to go back to being on that critical lockdown and everything shu- shutting down. Who would've thought the world would've been shut down for as long as it was. And I guess in the overall scheme of things, Dr. Twentyman, it could've been a lot longer, you know, if we didn't have these minds working on this feverishly and getting what we needed to do to get us healthy again. Or give us a chance at being healthy.

Dr. Twentyman (24:55):
Oh, let me tell you vaccines, COVID-19 vaccines changed the game. They decreased our risk of hospitalization. They decreased our risk of death. They lightened the load on our terribly over-burdened healthcare systems. Um, you know, they didn't, m- many people will say, "You know, they didn't fix everything. They didn't end the pandemic forever." And gosh, I join everyone in wishing that they had. But man, they sure reduced the risk of serious illness, hospitalization and death. They saved our healthcare systems to be able to address other causes of serious illness, hospitalization and death. Our cancer screening rates can go back up again with the advent of the vaccines and the decreased burden on our healthcare systems. Our care for acute cardiovascular conditions could rise again. These vaccines have made a world of difference both in counteracting COVID-19 disease itself and saving the strength of our healthcare systems for these other threats to our health.

Diane (26:06):

And they're out there. There are definitely threats and they will continue as long as there's a human race. You know, you can't say "Well, we're going to obliterate this or take care of that." I mean it's, it's kind of pie in the sky thinking for people who are not thinking (laughs) straight. You know, we're doing, we're just doing such a phenomenal job of trying to understand, keep ourselves healthy, help our children.

Diane (26:28):

You know I, I just think it's fascinating when you were talking about when the vaccine came out in 2020 and though I'm assuming, when was it approved or acknowledged for, um, um, let's see, authorized I should say, for youngsters. Wha- it wasn't too long after that, after the adult vaccine came out, was it, that it was approved-

Dr. Twentyman (26:47):

Right.

Diane (26:47):

... for youngsters? A-

Dr. Twentyman (26:48):

Um, it depends on how you define children, of course.

Diane (26:52):

Oh, surely.

Dr. Twentyman (26:52):

But actually-

Diane (26:53):

Sure.

Dr. Twentyman (26:53):

... uh, adolescents ages 16 and 17, uh, had authorization in December of 2020.

Diane (26:58):

Oh, okay.

Dr. Twentyman (26:59):

In other words, alongside-

Diane (27:01):

The adults.

Dr. Twentyman (27:01):

... the very first authorizations. And then, um, in May of 2021, um, we authorized, uh, vaccines for ages 12 through 15 years. Then in November of 2021, uh, we were able to age deescalate, meaning

authorize down to ages five and above. Uh, and then June of this year, we were able to, um, authorize for ages, authorize these vaccines for ages, uh, six months through four years. Um, and you know, I just wanna acknowledge that I'm being a little imprecise with my, um, vocabulary here. I'll have to, we, I should come back sometime, and we should discuss the intricacies of authorization and approval and-

Diane (27:47):

Yeah.

Dr. Twentyman (27:47):

... regulation. But when I say authorize, I mean FDA authorized these products and then we at CDC in collaboration with the advisory committee on immunization practices looked at all the data together and decided whether to recommend, uh, the use of these vaccines.

Dr. Twentyman (28:04):

So, um, in all those cases, actually, authorization happened and then recommendation happened very closely-

Diane (28:11):

Yes.

Dr. Twentyman (28:11):

... on the heels because-

Diane (28:11):

Yeah.

Dr. Twentyman (28:13):

... we've all been working together to get these vaccines out there and preventing serious illness and hospitalization and death for everyone that we can.

Diane (28:22):

And that's when the pediatrician, the, your, your own personal family pediatrician plays such a gigantic role because something like this, our podcast, we're only, only have a limited amount of time and we are trying to touch on as many topics and to make it as succinct and to clarify as much as we can. But there's nothing like looking at your pediatrician, your male, female pediatrician in the eye and just talking to them and taking the time in the office to say "Okay, you know me, you know my child. You've seen them. This is what we're doing. What do you recommend?" That's what parents, they just want to have a peace of mind that in their heart know that they're doing the right thing. And that's when these questions and these opportunities with pediatricians are invaluable, Dr. Twentyman.

Dr. Twentyman (29:13):

Absolutely. I could not agree more. I would so strongly encourage every parent listening, if you've got questions, talk to your pediatrician. Uh, if, if you've got questions, your pediatrician wants to hear

from you. They are so eager, uh, to talk with you about these vaccines, about other vaccines, about any concerns that you have for your child's health because your concern is their concern.

Diane (29:44):

Do you think there will ever be, uh, a time that there could be a semblance of a COVID-19 vaccine birth to six months? Or does that not, is the mother's immunity still playing such a role in the baby from birth to six months that that probably would not ever be necessary?

Dr. Twentyman (30:06):

What I'll say is that we're thinking a lot about that. Um, I don't know if any of your listeners, um, had a, had a chance to listen to the advisory committee on immunization practices meeting of October, uh, 18th and 19th. But if they did, you might have heard us chatting about the data, um, about COVID-19 disease in pregnancy and COVID-19 disease in infants and what vaccination does to protect both of those groups.

Diane (30:40):

Mmm.

Dr. Twentyman (30:40):

The pregnant people and the infants. And what's, um, super encouraging is that, um, well how about we start with the bad news first and then in with the good news-

Diane (30:53):

Okay.

Dr. Twentyman (30:54):

... 'cause it [inaudible 00:30:55]-

Diane (30:54):

[inaudible 00:30:55] okay.

Dr. Twentyman (30:56):

... you know it, I just like to do that more (laughs).

Diane (30:58):

Yeah. (laughs)

Dr. Twentyman (30:59):

But the, the unfortunate news is that COVID-19 disease, um, is unkind to, uh, pregnant women and to infants.

Diane (31:07):

Mmm.

Dr. Twentyman (31:08):

Um, we know that people who are pregnant have a higher risk of hospitalization, of ICU admission and of death due to COVID-19, um, compared with people their ages, uh, who are not pregnant. Um, and we know that young infants, uh, have a significant risk of hospitalization and death with COVID-19 as well.

Dr. Twentyman (31:31):

Here's what's exciting. Um, people who were vaccinated either before or during, uh, their pregnancy not only reduced their own risk of serious illness, hospitalization, ICU admission and death quite significantly.

Diane (31:52):

Mm-hmm.

Dr. Twentyman (31:52):

We also saw that their infants were better protected, uh, from severe outcomes of COVID-19. And so that was really exciting data to review. Um, I would say if you want to review it, uh, Google ACIP, um, and once you've found ACIP you can click on the, the meeting information and you can see all those slide yourself if you're interested.

Diane (32:17):

Mm-hmm.

Dr. Twentyman (32:17):

Or listen to the whole recording if you're interested. Um, but it was nice to know that there's at least, at least this one-way um, that we have of protecting, uh, pregnant women and infants.

Dr. Twentyman (32:32):

Um, and then in terms of whether infants will ever need their own vaccine, you know, I don't know that the jury's in on that yet. I, I just don't know. So for, for now, we can say if you're pregnant or planning on becoming pregnant, do get your COVID-19 vaccine. If you've already gotten your vaccine, get boosted. Um, and if you're already, uh, boosted with one of the updated boosters, good for you. You are protecting your own health and protecting the health-

Diane (33:04):

Mm-hmm.

Dr. Twentyman (33:04):

... of your future children.

Diane (33:05):

Absolutely. How encouraging, as you said, Dr. Twentyman. And so you can Google ACIP. Is that correct?

Dr. Twentyman (33:12):

Mm-hmm. Mm-hmm.

Diane (33:13):

That's sounds fabulous.

Dr. Twentyman (33:14):

Yep. That stands for advisory committee on immunization practices.

Diane (33:18):

Okay. Mm-hmm.

Dr. Twentyman (33:18):

And, you know, all of ACIP meetings are public, so, and they're all recorded. And everything gets left online for anyone to look at at any time in the interest of just being really transparent with all of the data that exists about COVID-19 and about all of these vaccines and, and, um, the recommendations that ACIP makes, and that CDC makes based on all that data, it's all available. If you want to look-

Diane (33:46):

Mm-hmm.

Dr. Twentyman (33:46):

... you are welcome, welcome to do so. And you're welcome to attend in real time as well.

Diane (33:50):

What a fabulous resource. And that's when you're talking about straight facts. This is not misinformation. You're going right to the source and to the facts.

Diane (34:00):

You know, in our waning moments of our conversation today, we did wanna just touch on, uh, Dr. Twentyman, tell us about the fear that the vaccine may be causing, uh, heart problems in children and teens. Have you heard that, Dr. Twentyman?

Dr. Twentyman (34:18):

Yes. Thank you so much. So, um, like I said we are, we are studying this, these vaccines under the most intensive vaccine staging surveillance in US history. And we did identify a very small risk of myocarditis and pericarditis, um, after mRNA COVID-19 vaccines, um, and after, uh, the Novavax COVID-19 vaccine. The risk is rare. It is primarily observed in adolescent and young adult males. Um, and within the first week after receiving the second dose or booster dose of an mRNA COVID-19 vaccine.

Dr. Twentyman (34:58):

Um, we also know that most individuals with myocarditis are fully recovered at followup. Uh, and so that's very encouraging. Um, and we furthermore know that, uh, there are things that we can do to reduce that risk of, that small risk of myocarditis. Uh, if you are a parent of a child of that age, uh, we do offer in our interim clinical considerations for use of these vaccines that you might consider, um, using an interval eight weeks between that first and second, uh, vaccine dose in the primary series. And then at least eight weeks again, um, before you get that booster for, for your child.

Dr. Twentyman (35:46):

I do wanna say, um, these vaccines are very helpful at preventing COVID-19 and its serious outcomes. And so one of the things that we did in one of our many risk benefit, uh, en- comparisons with these vaccines was to look among males at highest risk of myocarditis after vaccines, we looked to see, um, what their risk of any cardiac outcome after COVID-19 was to give ourselves like a really meaningful comparison. So in other words, we intentionally used the group with the highest risk of myocarditis even though this is a very small risk of myocarditis. And we saw that the risk of adverse outcomes to the heart, the risk of adverse cardiac outcomes w- were 2 to 5.6 times higher after SARS-coV-2 infection than after mRNA COVID-19 vaccination and we know that the course of recovery after myocarditis, one of these rare cases of myocarditis, is much more forgiving if this happens after a vaccination than if it happens after COVID-19 disease.

Dr. Twentyman (37:00):

Um, and if, if you'll allow me, I wanna take this a little bit farther because you know, we, we're not only interested in these rare risks of myocarditis and pericarditis. We're also wanting to understand every single risk of one of these vaccines and be able to intelligently weigh them against the benefits of these vaccines. This is really critical to what we do at CDC. It's really important to make sure that our vaccine policy decisions always take all of the data into account, both the benefits of the vaccine and every single known risk.

Dr. Twentyman (37:38):

So to this end, the advisory committee on immunization practices has reviewed the balance of benefits and risks very recently. Um, since, since authorization of the vaccines, there have been 22 meetings of the advisory committee on immunization practices focused on these vaccines. We've looked at efficacy data at 11 of those meeting and at, safety data the 20 of those meetings. Um, and so we have looked at-

Diane (38:06):

Mm-hmm.

Dr. Twentyman (38:06):

... the benefit risk and, uh, balance of these vaccines at least once a month since the dawn of these vaccines. And we will continue to do so because we wanna make sure that these vaccines are not just effective. We wanna make sure that they are safe. And so we, we have done so and we will continue to do that in the future.

Diane (38:25):

That's critical information that we need to know because we don't see what goes on, what you do, and there's so much not just, you know, Monday through Friday or whatever. You're doing this 24-7. This is-

Dr. Twentyman (38:37):

Oh yeah.

Diane (38:38):

... something the CDC, y- you, you do it. You need to do it and you do it because you, as you said, the balance and the risk and it just doesn't stop with one variant or with this or with that or one vaccine.

Diane (38:51):

So Dr. Twentyman, in our last few minutes of our podcast today, is there anything you can think of that we've not, uh, spoken about or that you would like to make sure that our listeners are crystal clear on anything that, uh, that you've said or that you've, uh, uh, talked about today?

Dr. Twentyman (39:10):

Yes. Thank you so much for the opportunity. I'd love to add that at that most recent advisory committee on immunization practices meeting, um, the advisory committee decided to vote on the recommended immunization schedule for routine immunizations, that is, for both children and adults, uh, for 2023 forward. Um, and they did vote to include COVID-19 vaccines in that routine schedule. And I wanted to clarify that these routine schedules are a really, um, powerful way that we help keep all clinicians, all vaccine providers up to date not just with COVID-19 vaccines, but with all the vaccines. We wanna give providers every resource that we can.

Dr. Twentyman (40:01):

And you can find, um, this new vaccine schedule, this new routine immunization schedule at cdc.gov/vaccines/schedules. Um, you know, I wanted to add that practices like physicians and vaccine clinics can order, like, hard copies of the schedule free to put on their wall. Um, and that this schedule will come out in, uh, in February of 2023.

Dr. Twentyman (40:28):

I did wanna note too that inclusion of COVID-19 vaccines in the routine schedule, in the recommended routine schedule does not mean that these vaccines are mandated. They're not. We at CDC do not do vaccine mandates at all actually (laughs).

Diane (40:48):

Mm-hmm.

Dr. Twentyman (40:48):

Ever. Not with COVID-19, not with other vaccines. Um, any consideration of mandates are the job of others, not CDC's at all. But we do want to offer what we think are the routine recommendations to prevent the health of, uh, to prevent disease and protect the health of all Americans. Um, and you know, to this end, we recommended these in routine schedules and then voted for their inclusion in the Vaccines for Children program just to keep working toward equitable access to COVID-19 vaccines for all ages and all populations. This remains really critically important now while these vaccines are still available for free through the federal government and in the future if these ever become commercial, you know, making sure that these vaccines get included in the Vaccines for Children program is the first step in ensuring that they remain accessible to all children regardless of their income, um, moving forward.

Diane (41:51):

Dr. Twentyman, you have been just an incredible guest today. Thank you, thank you, thank you on behalf of everyone here, our podcast, our listeners. We need to know the information and we know

that the information that you've given us today, it's true, it's factual and we're just so happy that you took the time because I can't imagine, uh, you know, what you do there at the CDC that you could carve out the time. But again, as you said, this is so important for everyone to be aware of, to understand and to not have any fuzzy questions around the edges, but to know what you need to do and how parents, how the parents, they have the lives and the health of their children. Like you said, let the children have a healthy and a happy childhood. That's the bottom line.

Dr. Twentyman (42:41):

Absolutely. That is the bottom line. And you know, these vaccines don't protect against severe illness, hospitalization or death unless they get into the arms-

Diane (42:50):

Yes.

Dr. Twentyman (42:50):

... (laughs) of-

Diane (42:50):

Yes.

Dr. Twentyman (42:51):

... Americans, including American children and, and so thank you so much for your help in getting this message out. We so appreciate you. Thank you very much.

Diane (43:01):

Thank you Dr. Twentyman. And thank you everyone for listening to our podcast today. We hope you've enjoyed. What a discussion we've had. Thanks to our listeners. Good-bye for now for another Vax Matters.