

Speaker 1: Welcome, and thank you for joining today's conference, Youth Vaccines. Please note that all audience audio connections will be muted until the Q&A portion of the call. Please open your chat panel by using the associated icon located at the bottom of your screen. If you need technical assistance, please send a chat, and address the event services host. With that, I will turn the call over to Jason Amirhadji from HUD. Please go ahead.

Jason Amirhadji: Great. Thank you so much and thanks everyone for joining us today. I know folks are trickling in, so just as folks get logged on here so we can get started, I just want to say that we are very pleased to have some special guests today joining us from the National Center for Health and Public Housing and from La Maestra Community Health Centers in California. Today's webinar is on youth vaccines, and specifically, those aged five to 11. We did a course webinar on those 12 to 17 earlier in the summer, and now, as folks may have seen last week, this vaccination eligibility has been expanded from the CDC to those five to 11.

So, this is a different approach. It's a slightly different formulation of the vaccine and we want to talk about some questions that folks may have about it, and make sure that people feel comfortable with the information about the vaccine. So, we'll go ahead and kick it off today with Dr. Jose Leon from the National Center for Health and Public Housing. Then we'll have Javier Rodriguez from La Maestra share with us some on the ground approaches that they've used in Southern California. Again, thank you so much for joining us. Please use the Q&A feature to ask questions and, of course, we'll have the most time available for Q&A after the presentation. So, I'll go ahead and hand it off to Dr. Leon.

Dr. Jose Leon: Thank you, Jason. Good afternoon or good morning to you, depending on where you are in the country. It's such a great pleasure and such a great honor to be part of this conversation. As you know, COVID-19 is an evolving issue. We've been moving from understanding the disease, to getting ready to be tested, to getting vaccines. And now, as you may know, the vaccine is recommended for children aged five to 11. This is a great big milestone, because as we are going to review for a moment, we are going to learn that there is a myth that sometimes children are not getting COVID. That's not right, and we trying just to provide the information that you need to help your public housing residence or your patients if you are with the Health Center and you are attending this webinar. Next slide.

So, the American Academy of Pediatrics published information about COVID-19 cases in the United States. As you see here, the number of child COVID-19 cases have been adding in the last week. So there have been cases and these are just moving. We have some weeks with a lot of cases, we have weeks with fewer cases, but what we are trying to show is that we have cases of COVID-19 in children. I just need to clarify that these slides are for children aged zero to 18 years of age or 17 years of age, depending on the state, and it doesn't represent only those who are aged five to 11. Next slide.

So, the important thing to mention here is that out of all the COVID-19 cases in the United States, over 25% of them are in children aged zero to 17, zero to 18. So, this is where we're saying that one quarter of the cases in the United States are in children. Next slide. Again, this is a report. It's the number of cases by a state and we have 10 states reporting over 200,000 cases in children. We have only one state that had reported fewer than 10,000 cases in children, but as we can see, in the continental US, we have cases of COVID-19 in children. I do not see cases in Puerto Rico, for instance, but the trend is about the same. I am quite sure that we have someone with Puerto Rico who will confirm that we have cases similar to the States in the continental US. Next slide.

Here it goes to percentages. Again, we have the overall percentage about 16.5% of cases. This is over 6,000,000 cases of all available, all positive cases, and 11 states reported 20% or more of cumulative cases were children. Next slide. We have some data by state. On your left, you see the number cumulative child COVID-19 cases as of October 21st and we have a 10th day with more than 200,000 cases, COVID-19 cases. On your right-hand side, you see the percent and increasing child cases. As you can see, there has been an increase of 4% in the last few weeks. Next slide.

So, we're going to discuss, briefly, the new recommendations, the ACIP recommendations and the FDA approval of the Pfizer vaccine for children five to 11. Next slide. The recommendation is that now the vaccine is recommended for children five to 11. The dose is 1/3 of the recommended dose for adults. It's 10 micrograms and there is a difference when you see the two vials. The vial recommended for adults is purple, the cap is purple, whereas the cap for the recommended vaccine for children is orange. So, this is really important to note if you are receiving the vaccine, just to make sure that you review what you are getting from wherever you're getting your vaccine, either from the State or from other sources, just to make sure that you are receiving the right vaccine for children. Next slide.

This is a comparison in regards to the number of doses. There are two doses recommended for children five to 11, the same number that is recommended for 12 and older. The interval between the two doses is three weeks, or 21 days. There is no recommendation for children to receive an additional primary dose, but remember that we recently discussed the recommendations to offer and vaccinate patients, people who have an issue with their immune system. In this case, at this moment, there is no recommendation to administer any additional dose to children. A booster dose is not recommended either. At this moment, we are just vaccinating, offering the primary series, which is two doses three weeks apart. Next slide.

The vaccine is recommended, again, five to 11. This is a very frequently asked question of some healthcare professionals, and it's specifically when it comes to the size or the weight of the children, but the recommendation is that the vaccine is based on age and it's not based on weight, or size, or body mass index, or anything else. It's just recommended five to 11 to receive 1/3 of the

adult dose and the vaccine is based on the child's age on the day of vaccination. In other words, if the child turns from 11 to 12 and the child has just received the dose that is recommended for five to 11, the second dose that they can receive is the dose for adults. Otherwise, even if they receive the dose recommended for five to 11, the recommendation is not repeated dose. Next slide.

Next slide. So, the vaccine is recommended for all children aged five to 11 regardless of underlying medical conditions. However, we know that those who have any kind of chronic medical condition or if they are immunocompromised, they are at an increased risk for severe illness from COVID-19, but the vaccine is recommended for all children aged five to 11. Next slide. The clinical trials show that there are fewer side effects when you vaccinate these five to 11, that basically what they are going to experience is localized reactions, like pain, swelling, and redness at the injection site, and some systemic reactions such as fever, or fatigue, or chills. Some of these are mild and usually last two to three days. If that is the case, it's recommended to prescribe some kind of medication just to reduce the symptoms, reduce the severity of the symptoms, and just making sure that aspirin is not recommended for use in children. Next slide.

The other part I would have to consider in this as good news is that there are no cases of myocarditis or pericarditis reported in the clinical trials for children aged five to 11. As we know, there were some cases of myocarditis or pericarditis in adolescents, but in this particular group during the clinical trials, we didn't see any of these side effects, systemic side effects, after receiving the vaccine. Next slide. Next slide. There was a recent survey. This is CDC data in regards to where parents are planning to vaccinate their children. As you can see, over 62% of them said a regular doctor's office or clinic visit, then local pharmacies, and another doctor. These are the preferences based on a survey the CDC had a few weeks ago. Next slide.

So, this is about the same information, but this is by jurisdictions and then pediatric providers are always first, followed by community health centers or health centers, then health departments, pharmacies, children's hospitals, school located vaccine clinics. This is extremely important; health centers have a school based clinic, or they have some kind of agreement with the schools. Then temporary community clinics and people also mentioned other. Next slide.

Please remember that the vaccine can be coadministered with other vaccines. This particular age group is very susceptible to complications of influenza, of the flu. So, if that is the case, both vaccines can be given on the same day or at the same time. The recommendation, as you can see, is that if you provide more than one vaccine, you can separate injection sites by one inch or more. For children over 11 years old, the deltoid is the preferred muscle. For children five to 10, if more vaccines are going to be given on the same day, the thigh is the preferred site because of greater muscle mass. Next slide.

We're going to review quickly some of the benefits of flu vaccination. As you know, we are very close to the influenza season. Because of COVID, sometimes we are forgetting the other vaccines, specifically the flu. So, it's always important to mention that the flu vaccine is still recommended, that even though we have a fewer number of cases compared to previous years, the flu is still around. Remember that because we were wearing masks, the transmission of flu is similar to how COVID-19 is transmitted, so we didn't see too many cases. But remember, if you vaccinate children and you vaccinate adults or elderly, the vaccine reduces the risks of flu associated hospitalization. It's important to vaccinate children and adults with chronic health conditions. The vaccine is also recommended for pregnant patients, those who are breastfeeding, and the vaccine can be lifesaving in children. The best way to prevent the flu is to get vaccinated. Next slide.

Now we turn it over to my colleague and friend, Dr. Javier Rodriguez. It has been a while since we are working together on different topics and they have a great, great program, immunization program in San Diego. So, Dr. Rodriguez, good afternoon, or good morning.

Javier Rodrigue...:

Yes, good morning here and good afternoon there. But anyway, it's great to be here. Appreciate you reaching out to me and our team here. I also have on the call today, or on the visit today, are vaccine and immunizations director, Ms. [Diana Dukes 00:17:26], who is a wealth of information and knowledge too. So, she's there on standby, ready to bail me out if I need her. Hopefully, I won't need her too much, but she does have a lot of the technical and the more intricate details of her department, and it should be.

But I work there at La Maestra Community Health Centers as a pediatrician and young adult provider. I have so for the last 16 years, over 16 years. I'm currently serving as well as the chief medical officer. I've been in medical administration since 2012, so I work with all the units, including the adult side, as well as our specialty clinics. We definitely have grown closer and tighter in terms of just being able to serve our patients and our community. So, I'm really happy to be here, really happy to share what we've done. Yeah, let's go ahead and get started with some of the slides we have here.

Just real quick, what our Community Health Access Department is, it's a unit that engages the community in-person, safely of course, and even now more safe with the vaccine. I would say that out of our staff of over 700, we only have 20 some people with a religious or medical exemption, so vast, vast majority of our own staff has been vaccinated too, which is really awesome because it does then also paint a picture that we're onboard with this when we're reaching out to the community. So, as you guys can see, we've had many events prior to the pandemic, 2018, 483, 2019 we really ramped up, but the pandemic hit and we just came to, I wouldn't say crashing halt, but it definitely impacted it.

Now we're about 250 in 2020. We're still planning to do quite a bit more outreach events. Here's where we provide many services to our community, but

we also provide COVID-19 education, whether it be on the symptoms, the illness, testing, and now, for sure, vaccination. Next slide, please. We also utilize our Health Education Department and we have had various curricula established for our different patient population groups, ages, departments, and units. Now we've added even educational curriculum to include children ages five to 11 so that parents can feel reassured or informed. Next slide, please. We've had also various campaigns. Now we're again targeting five to 11. Phone numbers, we're calling patients on Fridays, every Friday, and also sending pamphlets through regular mail and postal correspondence, as well as through electronic means. Texting services as well too. Next slide.

Here's some of the flyers that we've used before and we're definitely updating it currently as we speak for our ages five to 11. Our first flyer was on the left side of your screen. The second flyer was when the third dose and boosters became available. So, we're definitely working on updating our slides and that. It should be coming out pretty fast here. Next slide, please. All right, if you guys have any questions for us in regards to what we've done before since the beginning of the pandemic and what we're doing now, I know this is more focused on children five to 11, I can definitely answer a lot of the questions based on that experience, as a practicing still pediatrician and young adult provider, seen it all, as well as working with our other units in the adult medicine world as well, and also have Diana here from our Vaccine Immunizations Department. She's been the director for several years now and has worked for the company for almost as long as I have too. Thank you so much again for having me. I'll be ready to take any questions.

Jason Amirhadji:

Great, thank you so much for all that information. Please feel free, again, to use the Q&A function to ask questions. Also, you can raise your hand. I'll start out, actually. So, I know this is focused on five to 11, but we did have a question. Javier, maybe this is best for you and your team, so with youth vaccines, obviously just the Pfizer right now, but have you found a preference between the J&J, Pfizer, Moderna for those receiving the vaccine? Does that change your approach in terms of what you stock and to what type of outreach you're doing?

Javier Rodrigue...:

Yeah, for sure. So, we currently stock the Moderna product as well as the Pfizer. The Moderna was first made available to us and then the Pfizer. The Pfizer requirements are a little bit more stringent, but we were able to obtain an ultra-low temperature freezer, so we're getting both of those. Now, we did, initially, have a little bit of Johnson & Johnson, but then there was the pause that happened, especially with women 18 to 49, in terms of the increased risk for thrombosis and what have you, and other side effects that people were having concerns over the J&J vaccine. So, we actually stopped obtaining it. If people ask for it and still want it, we usually refer them to our local 211. The 211 can get them over to a site that's still holding it, or still having it and using it, and administering it to people.

But most of our staff, because it's outpatient, we weren't utilizing Pfizer. Again, Moderna became first available to us. But Pfizer, a few of our staff that work in

the hospital, some of the physicians, did get Pfizer early on. It's a good question, because a lot of times, we do get asked what is available to us, and now for our topic on hand for the kids 12 to 17, and now five to 11, the question has come up, but it's been a fairly easy response because that's the only one available, the Pfizer one. I used Moderna for myself and I got Moderna for my kids as well too. I have a 14 year old and a 12 year old. Excuse me, I got Pfizer for all my kids, not the Moderna for them. Excuse me. But my 11 year old also wants to get the vaccine and she'll be getting a Pfizer here this week.

But we did get a lot of questions in 12 to 17, but the level of acceptance rate was anywhere around 75% to 80% of our pediatric population from 12 to 17. So, when we're hearing that the Pfizer was going to come out also for the five to 11 year olds, we were thinking that hopefully that a lot of these are our same families, because they have multiple aged children that they were going to be also around that same rate. So since last week until about now, I can confirm that has been the case as well too. We're looking at a pretty high acceptance rate there where we work, but yes. That is the answer to the shorter question, but a little bit more of our experience there locally at the clinic.

Jason Amirhadji:

Great. Thank you so much. Obviously, when folks come to have their children vaccinated, if they haven't been vaccinated themselves, I'm sure you can offer the adult vaccination. Jose, you talked earlier about some of the differences between the Pfizer dosage and also the needle for this new expansion. So can you just talk a little bit, you mentioned that if you're five to 11, you should be on the lookout for the orange cap. If you're 12 and above, I guess it's the purple cap. Can you just talk a little bit about what's behind that, why the dosage is less, and did that have an impact on the efficacy?

Dr. Jose Leon:

Sure. Thank you, Jason. Just to answer your first question regarding the differences, just for those administering the vaccine, sometimes you have some clinics or sites such as the health centers that provide a vaccine not only to children but adults. So, you have both formulations. So, this is a way to make sure that the patient is receiving the age appropriate vaccine and not the other that is a bit stronger or if you have a child in the group five to 11. In regards to the dosage, basically in clinical trial, the clinical trials show that if you received 10 micrograms of the vaccine, that amount elicits a very good response in this age group and that's the reason that it's recommended just 10 micrograms.

Remember that this vaccine, as we said, the vaccines are not like any other medication that you need to have some concentration in blood in order to have some benefits. This is a response to the ingredients of the vaccine, those ingredients that elicit the response in your body, and it has nothing to do with concentration in blood. But it's just an immune response to an antigen or a substance that is able to stimulate your immune system and create antibodies against COVID-19 in this case.

Javier Rodrigue...:

Is it okay if I jump in?

Jason Amirhadji: Yeah, of course. Go ahead.

Javier Rodrigue...: Oh, sorry. Yeah, and I think it's great what Dr. Leon is saying about it's very age specific. It's not weight specific. And because the data actually shows that a 10 microgram dose is equivalent to the 30 microgram dose, so you might have a very underweight 12 year old that would get the 30 microgram dose and then you would have an overweight 11 year old that would get the lower dose, and it's still going to be the same. That's why people are wondering that people think about, or that they consider is that you have less side effects, slightly less side effects with the 10 microgram dose. It stands to reason. It's very intuitive. The less of something, especially when it comes to medications or treatments, there's potential for less side effects.

But again, you have to fall within the age guidelines. It's truly all age in this case. However, the more savvy patients might say, "Well, isn't there a four day grace period if the birthday falls in two days of that grace period?" You might be able to get away with still giving the lower dose before you have to switch over to the higher dose. But unofficial and off the record here. A little bit of cheating there.

Jason Amirhadji: Well, so let me see if I can capture these points and then I have a follow-up question. So, it sounds like one key thing here is that the vaccine itself is not what gives you the protection, it's your body's immune response to the vaccine, which is why those who are immunocompromised or don't elicit the same immune response from their body need additional doses. So, I guess, it sounds like you're saying one key thing is it's really your body doing the work here, the vaccine's just triggering that immune response?

Then, Javier, if I'm hearing you right, it's also connected to the fact that there's fewer side effects for the kids because it's a lower dose. So that's a potential benefit of a lower dose, but yet, the efficacy is just as high. So, I know youths typically have a more robust immune systems than some of us who are a bit older, but that's really good to keep in mind. What do you recommend, and this is for either of you, I know we had a slide, but we actually took it out, but it's a good question, what do you recommend if someone receives the wrong dosage by mistake? Let's say someone five to 11 receives the 30 dose, which is higher, or someone 12 and above receives the 10, which is lower. What's the recommendation?

Javier Rodrigue...: I think I'll go ahead and take it, and then of course, Dr. Leon, you can always jump in too. But I think for the former, where it's a younger person gets a higher dose, we definitely would probably would be okay. We'd have to report it to the VERP. The VERP is the reporting system where there's an error in the typical protocol, versus the VAERS, which is more reporting adverse events. So, we would be reporting it. We would also double-check with the manufacturer, but most likely, we wouldn't probably repeat that dose.

Now, on the other hand though, if a 12 year old got a 10 microgram dose, we would probably would offer to repeat it. However, if the family declines it, I'm pretty comfortable that they got pretty good immunity, just from basing what we've been reading about the data of late, if the family declined it. But we probably would offer it again, but we would double-check to make sure, just to be by the book in this case. I was wondering if my vaccine immunization director, my buddy there, Diana, if she can go ahead and jump in. She's had the most experience with this. Somebody mentioned in the chat, I believe there are mistakes. We've had very minimal mistakes to say, to be honest here, but nobody's 100% perfect. Diana?

Diana: Hi, doctor. This is Diana. Yes. We try to avoid all these mistakes. It's happened in the past, but that's the reason why we try to schedule different ages different days. For now, City Heights is offering regular Pfizer vaccine Monday, Wednesday, Friday, and the pediatric formulation will be given on Tuesday and Thursdays. This is a way to prevent any of these mistakes.

Dr. Jose Leon: That's a great strategy, Diana. Thank you for sharing that. Just to continue the conversation, it would depend, Jason, going back to your question. For instance, if a child is a six year old, just making this up, and the first dose that this child received is the 30 micrograms of the adult dose, the recommendation, as Dr. Rodriguez said, is not to repeat the dose, but you need to make sure that the second dose that the child is going to receive in three weeks or after 21 days is the right dose. It is the same, if for any reason there is a mistake, and the second dose he or she receives is the 30 micrograms, you have to report it as Dr. Rodriguez said, but there is no reason to repeat the vaccine.

What is recommended if there is an administration error, not to repeat the vaccine, and just to make sure that you inform the parents. As we review the data, this child is going to have localized reactions as any other child, redness, and pain at injection site, but the risk of a systemic reaction is almost non-existent.

Jason Amirhadji: Does that also apply in terms of a teenager who receives the child dose, that they don't repeat that as well?

Dr. Jose Leon: As Dr. Rodriguez said, and I totally agree with him, that's something that you need to discuss with your patient. The 10 microgram vaccine elicits a really good response, but if you are going to be by the book, CDC recommends that if you receive a lower dose of the vaccine, then you have to repeat that dose.

Jason Amirhadji: Okay, great. So, it sounds like it's okay to receive a higher dose, just track it, monitor it, but if you receive a lower dose, that could be a situation where you might need to repeat that. Just one question and actually great point on administration, it sounds like if you're a THA doing a vaccination event, it could be beneficial to focus on one target group for a particular event, or time, or day so that you're only getting five to 11 year olds at one time and 12 and older at a



different time to avoid the chance of making a mistake. It sounds like that might be a good practice that you all are doing.

So, I do want to go to a different slide here, which really gets to what you're seeing on the ground. It sounds like most jurisdictions are assuming that pediatricians and FQHCs are going to be the primary vaccinators. School clinics are actually fairly low on this list. But then when you look at parents and where they think their children are going to get vaccinated, they're saying their pediatrician, but also pharmacies and schools are much higher. So, I'm curious what you're seeing in terms of interest and how the vaccination strategy is different for five to 11 than it is for teenagers and for adults, both in terms of whether to do big events and also what types of information you're providing, counseling for the patients, time that it takes to complete the vaccination, privacy, all of those concerns?

Javier Rodrigue...: Yeah, that's a great question, if I can go ahead and start with the response. Yes, the pediatric office for this age group is going to be your number one, definitely, location where you can have those conversations, any of those questions answered. Like I said, our acceptance rate, it's on the order of 80%. It's been for our 12 to 17, and thus far, even for our five to 11 it's looking like that. However, we do have some school based health centers and we have different ages in those, but for five to 11, we're looking at the elementary school with maybe some overlap into middle school, but primarily in the elementary school.

I want to say most of those parents show up at those visits. However, there are consents that can be signed and signed off in advance, even for older kids 12 to 17. You do have minor consent laws. Sometimes they show up in clinic for reproductive visit, a visit for mental health, and the parent's not going to be there. So those sorts of things do play into some of the strategy when our teams and our providers who are working there at those times, utilize and speak to them about what that entails. But at school with the parent present, it's going to be pretty high. I think a lot higher than what the slide is even indicating here. School without a parent present, because that obviously does impact.

Because sometimes the parents will ask the child, even a young child, "Do you want a shot," and I can't believe I'm actually hearing it. The kid's saying, "No," and the mom says, "Okay, no. He doesn't want it. He doesn't want it." So that doesn't happen all the time. Most of the time, or at least where we work at, our parents are on top of it and in complete charge and control there.

Jason Amirhadji: Yeah. Well, that's a good point. In terms of consent, if you're doing a vaccination clinic, and let's say you're doing one in coordination with a school and the parent isn't there, what's your normal strategy in terms of getting consent to make sure it's okay to provide the vaccination?

Javier Rodrigue...: Yeah. So, there's a couple of different ways that we've done this before. Beginning of the school year, there's a registration packet. You do have all those consents in there. But if it's going to be an event, like we're going to have one

here coming up at Hoover High, now you have an older age group. I know that deviates from our focus of the talk right here, but a lot of times we have registration going on beforehand, this type of quick, simple registration. Diana, can you chime in a little bit here on what we've already established for our school based centers?

Diana: Yes. We actually sent pre-packets to the oldest students within the school. It's the consent. It's there and we sent the fact sheet for the vaccine. The student brings it back. If they have the signature and everything on the paper saying it's okay with the student getting the vaccine, then we go ahead and give you the vaccine at the office with a different appointment.

Jason Amirhadji: Great. Let me ask in terms of follow-up consideration. Probably more five year olds have cell phones now than in my day, but how are you following up with youths who are getting the vaccine to make sure that they get the second dose?

Diana: We schedule an appointment the same day. As soon as we vaccinate a patient, we schedule the second dose the same day.

Jason Amirhadji: And if they don't show up, what's the strategy? I know in the past, the advice has been, "It's okay to have the dose later than the recommended timeframe." Are you making sure to follow up with those families?

Diana: I would have a protocol that we make at least two phone calls. If they don't answer, we send out a letter. We are consistent in all the time trying to make the patients come back. That's why one of these slides we present a postcard, we remind them. We see if the phone call didn't work, the letter didn't work, they would send a post card. We are pretty intense in trying to reach the patients back to the clinic.

Jason Amirhadji: Great. I know this is really not just a youth concern. As an adult, I don't like needles. I think a lot of people, that's a consideration, both the side effects and the fact that people just don't like getting shots. For many youth, that can also be the case. What's your strategy for helping them feel comfortable with getting immunization and then also making sure they have some privacy or space so that you can have a conversation with them without maybe being made fun of by their friends, or other people in mind, or bullied after the fact?

Diana: Well, we have a room available for our patients. We call one patient at a time. We explain to them, give them the time, if they have any questions or any concerns, we always give the time to the patient. Sometimes they say, "You know, I'm not sure about it. Give me a few minutes," and we respect that. We're like, "Yes, whenever you're ready." Also, they ask like, "You already got the vaccine?" We're like, "Yes, we already did. We received the vaccine," or they'll ask, "Did you give it to your kid?" "Yes." It's more reassuring to the patient that everything will be fine and quick. You are safe. We are here to help you, not to hurt.

Jason Amirhadji: How much time would you say? Let's say an hour. How many youth would you expect that you'd be able to provide a vaccine to in that time?

Diana: Well, depending on how many staff we have available, in an hour, we have done 20, 30 patients. Depends on workflow. Remember, it's the whole process, PSR, public registration and then we put them into the back. We document everything real life, we document everything the same day. That way, we avoid any mistakes of the patient getting the vaccine somewhere else and we check the registry. Double-check if the patient is really due for the vaccine or not.

Jason Amirhadji: Great. You mentioned having a conversation with kids. I know for just adults, that trusted messengers is a really big thing. How do you all go about, when it comes to youth having trusted messengers, do you go with the two-gen approach, talking to the parents? Do you try and find youth advocates? What's worked for you all?

Javier Rodrigue...: At the clinic, when we enter an exam room or the interview area there, the exam room if you will, my approach is always to address the patient first and then the caregiver next. Very close, in terms of this relationship. It's a three party relationship if you will, because the patients are minors if they're under 18. But that's very important. A lot of times it just takes a lot more listening on our end, and even though they don't want to talk to us, listening in this case more to the caregiver being attentive, asking them some open-ended questions for the patient, as well as even prompting them. You need a youth ad as well too, but you use a combination of both interview techniques or approaches.

The good thing, for me at least, and I can say this since I've been there for 16 years, I've seen a lot of the families over the years, so a lot of them know me even if they've forgotten about me. But they're like, "Oh, yeah. I remember him," kind of thing. But it's definitely bedside manner, approach, being calm about it, being to share like Diana said, "Yeah, I got it. Oh, yeah. My kids got it." That is very helpful too. I think that's super, super helpful, especially nowadays when you have so much division across the country in whether to get the vaccine or not. I feel we're winning that war. We're getting more and more people, slowly but surely getting vaccinated.

You have some others that are just doubling down and then you're not going to be able to convince them for anything, and that's fine, and that usually is more at the parent level with the older kids and teens. A lot of them have actually been more vocal than I've ever noticed in the past or seen in the past, especially when it comes to the COVID vaccination. So, it actually hasn't been too bad, in terms of being able to open up and garner a good relationship and good conversation with them.

Jason Amirhadji: That's great. Well, you mentioned the division over the country and I'm going to open this up to you, and also to Jose, and also we have [Bob Burns 00:48:19] on for the National Center for Health and Public Housing who I know has some questions as well. You do see a spread across the country. California, of course,

has a lot of cases because it's the most populous state, but a lot of states that have much less populations, like South Carolina, Tennessee, Indiana, also have high child cases. Can you just talk a little bit about the importance of this? I think a lot of people have a perception that COVID has a really disproportionate effect the elderly, so it's not really necessary. Kids can just have natural immunity. They can get COVID naturally and build immunization that way. Can you talk a little bit about why it really is important to get the vaccine even if you are a child?

Javier Rodrigue...:

Yeah, definitely. I think that's a great question. The thing is with children, yes, they aren't getting as proportionately ill or being affected like the elderly or other patient populations, where there's more chronic disease, more higher risk, working in higher risk setting, what have you. But we all have to remember, children are not able to decide at the end of the day, especially a five to 11 year old. That really relies on the caregiver. A five to 11 year old, the inequity there is no blame. A lot of the training and the education into pediatric residency is we're advocates for a patient. However, there is a caregiver that controls most of the decisions. I would say most of them as long as they're not in harm or anything like that.

The inequity with children is that they can't decide or choose for themselves to get a vaccine, and though there may not be the level of hospitalizations or deaths that have occurred with children, they're still able to spread the illness and they can still come down with a very nasty case of it. If you're talking about three, four year old, five year old, six year old, they haven't had a chance to live. I'm not saying that our elderly family, and friends, and populations don't matter either and that they shouldn't also have the best chance to live as well too, but there is an inequity there. Oftentimes, it's not spoken about with children.

But again, like I'm saying, now we're seeing here schools have reopened up, even with masks, that we're having a huge amount of testing requests for COVID. That's due because there are no vaccines in the school aged group, and now there is, thank God. But prior to that, the kids were known, just like in other flu seasons and other illnesses, to be also spreaders. Again, they don't have the choice. So, I think it's a huge ethical situation that we're presented with. They're also at risk for long COVID or what they call MIS-C, the Multisystem Inflammatory Syndrome in children. See more and more of it, especially with this [inaudible 00:51:56] search that recently happened about a month ago. So, we're a little worried what's going to be happening if there are a lot of non-vaccinated kids still around, but we're back at that same talk again with the division and what have you.

Jason Amirhadji:

You just mentioned flu, influenza, and obviously, we're heading into influenza season. We had a light one last year because schools were closed, folks were masking, social distancing, very different situation this year. Already been encouraged since October to get the influenza vaccine. National Influenza Vaccination Week is coming up at the start of December. Obviously, coadministration says you can get both at the same time. So how do you

manage that? Is that something you're doing? Are you offering that at the same time and how are you making sure the kids, and actually teenagers and adults, the whole population is getting access to both?

Javier Rodrigue...: When administering them or coadministering them, a lot of families, even last year, a lot of families, this year also, are very accepting of the flu vaccine as well too. What I've been able to give, a few second spiel on it, is that the flu vaccine adds another layer of risk reduction. Risk reduction in terms of a febrile illness with respiratory symptoms, but otherwise, it's going to be thought of as COVID until proven otherwise. Everyone's pretty familiar with the amount of work it takes to be cleared for COVID, the amount of inconvenience, the loss of pay for some families because they don't have sick days like I do, I have a lot of sick days. I'm blessed that way, but a lot of our families are working families, working poor, are essential workers.

They're at a disproportionate disadvantage when it comes to this. So, I just say, "Hey, this is just another layer in trying to not get something that's going to really affect your life." It's also important if you have asthma or any other chronic conditions, immunocompromised state and what have you. So, it's just as valuable as the COVID vaccine and that's what my message has been to our families.

Jason Amirhadji: Great. Well, I know we only have a few minutes left. There's been a lot of great information. Jose, Bob, Javier, do you all have just any last thoughts you want to leave folks with? I know that this is just now starting, but obviously, the youth vaccination push will continue throughout the winter. I know folks are also getting their boosters at the same time, if you're an adult. There's the ongoing teenage vaccination and even additional doses for those immunocompromised, so there's a lot going on right now as we try to put the pandemic behind us. Just wondered if you had any key takeaways you want folks to keep in mind.

Bob: This is Bob and I just want to jump in with one quick question or point for Dr. Rodriguez in particular. I know that you're planning a session for adolescents at the schools and so on and so forth. First of all, congratulations on putting all this together on something that was just approved, basically, a few days ago. So, it's fantastic, but what kinds of events, I guess, and initiatives will you plan, I guess, to reach the five to 11 year olds in the coming weeks going forward? Since you've got a lot of public housing agencies in addition to health folks who are listening to this. Are there things that they can do? Can they reach out to you, or should the schools reach out to you? What's the best way to get that going? Maybe either you or Diana could jump in on that.

Javier Rodrigue...: Yeah. So, one of the slides had mentioned that we do have a lot of outreach events, our CHAD Department is very instrumental in that effort. We've been working here with the County, with the Emergency Rental Assistance Program, as well as SDG&E, which is our local utility here, to help payoff outstanding utilities and a lot of these programs are funded under the CARES Act, the federal CARES Act. So, we work a lot with our main partner, but not our only partner in

terms of housing, San Diego Housing Authority and they reach out to us as well too as we are reaching out to them.

So, we go around the community in just letting them know, "Hey, this is what we have available to you. Here's a promotional brochure so you could read up a little bit more about it." Maybe we can answer some of the questions as well for them, or we'll schedule them for a visit, or we'll register them as a new patient. So, it's a big win for us to be able to send out our teams. Then, when we have bigger events or if we need a provider there, we can have a couple providers with our mobile clinic in the various health fairs that we've been invited to in the past, now that we're starting to see higher numbers of community outreach events.

So, yeah. There's a lot of stuff going around, community events and housing in particular, especially with having utilities paid for them. If we really think about it, because we also have other teams that go out to these homes for asthma medication, elderly home visits and what have you. So, the Asthma Mitigation Program where we see more younger kids is one area that we've been partnering working within terms of getting the education out for vaccine, education to fight against vaccine hesitancy.

Jason Amirhadji: Thank you, Bob, for the question and, Javier, for all the great information. Jose, any parting thoughts before we take a break? I just put up on the screen as a reminder for folks that December is National Influenza Vaccination Week and we will be doing a webinar on that and maybe more to come too on youth vaccines, so be on the lookout with the PIH vaccine bulletins, which is a great source of information. But, Jose, any parting thoughts?

Dr. Jose Leon: Yeah. Thank you, Jason. First, I'd like to personally thank Dr. Rodriguez and Diana for being with us. Just to remind the audience about the health care workers or promoters and promoters doing an excellent job as well educating patients. They are sometimes the controlled people behind the scenes, and they are doing a great job promoting not only the vaccine, but all the preventive measures against flu and against COVID-19.

Javier Rodrigue...: They are the unsung heroes for sure.

Dr. Jose Leon: That's right.

Jason Amirhadji: Very appreciate all of your expertise and work on the ground, and everyone for joining us. I know this recording will be made available, so lots of folks will be tuning in after the fact, but hopefully we were able to get everyone's questions in. Just want to thank you all for joining us in doing this really important work. We will be coming back to you, like I said, in December with another webinar and maybe more to come this year on youth vaccination, so please be on the lookout. We hope to see you again soon. Thanks so much.

