Strategies to Protect Young Children from COVID-19

Nydia Ntouda: On today's webinar, first I will hand it over to Jill Sells who will introduce herself, as well as our presenters for today. Jill.

Jill Sells: Thank you, Nydia, and welcome everyone. We are just delighted to have you with us here today for our webinar on strategies to protect young children from COVID-19. We've got a great team here that I'll be introducing shortly, but I'm delighted to have Dr. Sean O'Leary, Dr. Neal Horen, and Dr. Mercedes Gutierrez here for a presentation.

I just want to note before we get started that the SARS-CoV-2 virus that causes COVID-19 continues to be present. We all wish that it were not, but since we last met it has had new variants and subvariants. We just want to acknowledge that it is really challenging for all of us to continue to be flexible, and for you and your programs to be attentive, and to adapt to changing guidance over time from the CDC, and public health, licensing, and Head Start, and others.

Our job at the National Center is to really be a support to you, to try to help explain the science and what is new, and to provide resources to help and support you, and your programs, and the children and families that you serve. We have three great speakers with us here today who will be addressing different aspects of the pandemic and the relationship to early childhood programs. We're so glad that you're here with us today. Next.

A quick overview is that today we're going to start with updates on COVID-19 and vaccines for young children, and then updates on the risk reduction strategies for early childhood settings, followed by tips for supporting staff and talking with families, and then as Nydia said, we'll open it up for some questions at the end. We'll get to as many questions as we can and as she said, please put …

[Chiming]

… Them in that Q&A block so that we see them …

[Chiming)

… And we'll go from there. Next slide. It is my pleasure to introduce again to you Dr. Sean O'Leary. He is a pediatric infectious disease specialist and a subject matter expert for the National Center on Health, Behavioral Health, and Safety. He's a professor of pediatrics at the University of Colorado School of Medicine and the Children's Hospital Colorado.

He serves as chair of the American Academy of Pediatrics committee on infectious disease and is a liaison to the Advisory Committee on Immunization Practices known as ACIP, which is the committee that makes recommendations about vaccines for the US public in general. He has also served on the ACIP COVID-19 vaccine workgroup since the beginning of the pandemic and is just such a great resource on all the things he's going to be talking with us about today. We are really appreciative that he has been with us on previous webinars. Dr. O'Leary I'd like to welcome you back today and turn it over to you.

Sean O'Leary: Thank you so much, Dr. Sells, for that intro. It's a pleasure to be here with everyone. Thanks for your attention. I think a lot of you have tuned in before. I'm seeing some familiar names in the chat.

Just to get started here this is a slide from the American Academy of Pediatrics showing where we are in the pandemic. I think this slide may look familiar to a lot of you. We've shown similar ones in the past. These are all COVID waves that we have lived through. You can see over on the left very beginning of the pandemic where very few children were getting infected or at least were being identified as being infected. Remember way back when, testing was limited almost exclusively to people being hospitalized.

Then as time went on and testing became more available you can see that wave towards the middle there. That was that first big winter of 2020, 2021. Then there was that lull in the spring moving into that summer wave. Then of course, into the Delta wave there, which was last fall of 2021. Then that big giant spike, which I think many of you are aware is the Omicron wave. You can see that infections were at their highest during that period.

One of the things I want to point out here is related to children. This is true now and it has been true throughout the pandemic. Children are really not driving these waves of infection. The number of infections that happen in children tend to reflect what's going on in the surrounding community. You can see over here on the far right, where we are today or at least as of a few weeks ago, children are still getting sick representing about 13.7% of identified cases at this point, which is around what has been true throughout the pandemic.

It's not really correct to say that we're getting past this. We still have a very stubborn virus out there and we'll talk a lot more about that in the next few slides. Next slide. As I was pointing out in the last slide, infection rates, unfortunately, still remain pretty high in most parts of the country. I mentioned Omicron, that is the dominant variant. We'll talk more about that.

Then we have the subvariants of Omicron that you may have heard of and those are continuing to evolve and contribute to the ongoing transmission that we're seeing today. Unfortunately, and I think you've probably heard me say this before if you've been on these webinars before, I think we all want to be done with this pandemic, but it's not quite done with us we do need to continue to reduce the spread. Next slide.

Getting more specific about the Omicron variant. This is a virus that does have a pretty good skill at adapting to its environment. What viruses are trying to do is continue to spread, to reproduce as much as they can. The best way to do that is to try and evade our immune system and that's what's been happening. The Omicron variant – I remember speaking on this webinar before talking about how contagious the Delta variant was and I know it's hard to imagine that something could come out that would be more contagious than that. Well, we got it and that's the Omicron variant.

Now, what we're seeing is this subvariant called BA.5, which has taken over. Most of the identified cases now is this BA.5 subvariant, which each subsequent variant that we see, essentially, is more contagious than the last. What we're seeing now with the COVID virus is that it is one of the most infectious viruses that are known to humankind. Measles, it's still not quite where measles is, which is probably the most infectious disease known to humans, but it's

close. It's probably number two. We've also seen, of course, an increase in the number of cases as a result, as well as hospitalizations. Next slide.

Now, one of the things, and this is something we'll talk more about, but most people at this point in the pandemic, and this has been true in a lot of pandemics, who get COVID-19 actually have a mild illness, but a lot of people don't. The people at this point in the pandemic who are getting into the severe illnesses are mostly unvaccinated folks or people who are not up to date on their vaccines. That's true for both people with severe illness and people that are hospitalized. We'll talk more about booster doses, but it's becoming clearer and clearer that booster doses are important.

I want to hammer this point home because there's this misperception out there that because we need booster doses, it somehow means that the vaccines don't work very well. That's absolutely not true. Even people with the primary series, not having had a booster dose, they are at less risk of hospitalization than people who are unvaccinated, but they are at greater risk of hospitalization compared to people who have had boosters. We know that the primary vaccination series is very important, but we also know that booster doses are very important. Next slide.

COVID infections in young children. Since the beginning of this pandemic, among kids under 5 – we're using that age group because that's the age group that's newly eligible for vaccination. There have been over 2 million cases. That's certainly an undercount. Over 20,000 hospitalizations. Also an undercount – and over 200 deaths. Also an undercount.

The reason I'm pointing out those things … One of the things I want to point out here is that we all know that COVID is most severe in people with underlying medical conditions and in the elderly, but it's not fair to say that it's benign in children.

A childhood death is a very rare event. It's not supposed to happen. When it does, it's a tragedy that touches everyone around that particular child. Even though this number seems much smaller compared to the adult deaths, that's actually a pretty high number for childhood deaths. It ranks as the number four cause of death during the time of the pandemic for children under five.

Let me say that again. The US tracks the causes of death in children over time and there's a list that you can find on the CDC website and elsewhere showing what are the top causes of death. COVID is now the number four cause of death in these children.

The other causes of death, for example, are motor vehicle accidents, childhood cancers, heart defects, things like that. If we had a simple, safe intervention to prevent any one of those things we would jump at it. In the case of COVID-19 we do in vaccination. I just want to make that point that children are actually at risk, and we do need to protect them. Now, let me go ahead and move to the next slide and we'll talk some more about this.

This is just showing you, again, what we saw in that very first slide, but this is specific to children. Again, it reflects what's going on in the surrounding communities. I won't go through these waves again. Next slide.

This is showing you the hospitalization rates among children. The main thing I want to point out here is that children under 5 actually have the highest rates of hospitalization among children. They don't have higher rates of hospitalization than say, the elderly, but if you compare children under 5 to children 5 to 11 and children 12 to 17, they actually have higher rates of hospitalization from COVID than those older age groups. That's important because those are the children that we, obviously, now have the vaccine approved for and yet not many children have been vaccinated yet. It's going to be important in the coming months to do so. Next slide.

This is just the official recommendations on COVID-19 vaccines. Everyone now 6 months and older is eligible to receive vaccines and boosters are now recommended for everyone 5 years and older. As I said before, people are protected best from severe COVID-19 when they stay up to date with their COVID-19 vaccines. That includes both the primary series and boosters as they are recommended. I'll go through the details of that on another slide.

Another misperception out there is that if I've had COVID before I'm not at risk. I don't need to be vaccinated. Absolutely, you do need to be vaccinated because we know that COVID-19 infection does offer some protection, but that protection goes away with time.

We also know that getting vaccinated after having COVID-19 offers much more protection than just having had the infection in the first place. The other thing that's important to note, and I'm talking primarily about the impact on the individual here, meaning getting vaccinated is protecting you from getting hospitalized, but we also need to remember that we want to try and keep this virus from spreading to others and vaccination also helps reduce reinfection and getting an infection again so that you're less likely to spread it to others. Next slide.

I'm going to tell you a little bit about the clinical trials related to these vaccines. This vaccine efficacy slide is talking about the studies that were done on the vaccines in children under 5 and the data that were submitted to the Food and Drug Administration to get them approved. What we saw in those trials is that the vaccines for young children produced a strong immune response that was similar to that of school-age children, adolescents, and adults.

They also reported the level of effectiveness. That means, how good were these vaccines at protecting against infection? You can see that there was a difference between the two vaccines. I don't want you to make too much of that though because, number one, there are a lot of differences between the way the studies were done. Number two, Pfizer is a three-dose series. Moderna is a two-dose series.

The most important thing I want to point out here is that what they were talking about was infection with the Omicron variant. But what we know from older children and adults is that although that the protection against infection from these vaccines against the Omicron variant was lower, the protection against the things that we really care about, hospitalization and death, was much higher than this. Even though these numbers aren't, perhaps, as high as we heard with the initial studies among adults, they're still highly protective against the things we care about, which is severe illness. Next slide.

The other thing I want to point out that was shown in the trials was that these vaccines are very safe. COVID-19 vaccines have been studied for safety probably more than any other medicine, and I say medicine broadly, any other vaccine or any other medicine in history. We have

accumulated data on hundreds of millions of people who have been vaccinated so we have a very good understanding of their safety.

One of the major points I want to make is that although there's a lot of misinformation that gets spread around on the internet and through other sources, the safety of these vaccines is being watched very, very closely through a number of surveillance systems both in the US and around the world to make sure that they're safe.

Vaccines are held to a higher safety standard than any other medicine because we give them to prevent disease as opposed to giving them to treat a condition. These vaccines for the young children were shown to be safe in the trials and they're continually monitored on an ongoing basis to make sure that they continue to be safe. Most of the side effects that we see with these vaccines are mild and they go away in one to two days. Next slide.

These are the side effects that were reported from the study, and these were basically the same things that we saw in older children and adults. Some pain where the shot was given, a few children got swollen lymph nodes, some kids got irritable and cried, but these are all things that are fairly typical with pretty much any vaccine. Essentially, what these symptoms are showing is that the vaccine is doing its work. It's your immune system responding to the vaccine. What the vaccine is doing is training our immune systems to respond to the COVID virus when we see it. Next slide.

This is the schedule I mentioned I would talk a little bit more about. It looks very complicated, but it's a lot simpler than it looks. I mentioned, for the children under 5 the series is a little bit different. For the Pfizer vaccine, it's a three-dose series and you can see the intervals there. For the Moderna vaccine it's a two-dose series. Now, based on what we know about the vaccines in the older age groups we fully expect that the Moderna vaccine for the children under 5 is probably going to need a third dose somewhere along the line. Those studies are ongoing. Next slide.

In terms of where to get COVID-19 vaccines for young children, this is, I think, one of the more complicated issues right now around vaccination of young children. For the initial roll out of the vaccine, for about the first year that we were giving these vaccines, about 70% of them were being given in pharmacies. Most pharmacies don't vaccinate young children so now we're in a position where we need primary care providers to be giving the vaccine. Many, if not most, primary care providers are now giving the vaccine. That's where you should start if you have younger kids that need the vaccine is calling your doctor.

There are also ways, you can see on the bottom here, of course, vaccines.gov. That has a fairly complete list. When I look, for example, where I am in Colorado, the Colorado website we have, it's a little bit more complete. If you don't find something near you on vaccines.gov go on your local or state health department website and you can often find places that are nearby. Next slide.

This is the final slide and we've shown this before on these webinars. This is the concept of the swiss cheese COVID-19 risk reduction model. The idea here is that there's not one single intervention that is going to prevent COVID-19 completely. Some of these things are more important than others.

For example, vaccines are probably the most important thing on this slide, but all of these other things on this slide are things that all of you have likely done throughout the pandemic. Staying home when you're sick, physical distancing, masking, and the important thing to note here is that just because you can't do all of these things doesn't mean you shouldn't do some of these things.

Every little bit helps. When we're trying to combat COVID-19 we want to start with vaccination and then do as many of these other things as we can to try and prevent spread. I think a lot of you are well aware of how effective these things can be in your own settings. Next slide.

I will stop here and will be happy to answer questions in the Q&A period.

Jill: Thank you so much Dr. O'Leary. Really appreciate you going through that information for us today. I would like to briefly introduce Dr. Mercedes Gutierrez. She is a senior training and technical assistance associate with the National Center on Health, Behavioral Health, and Safety. She has over 15 years of experience in public health and 10 years working with Head Start programs, both as a health services manager and a child care health consultant.

She also comes to our center with experience working for the school district of Philadelphia where she oversaw all aspects of student health, including school nursing, public health programs, and the COVID response. She brings in-depth experience with the realities of what we're facing right now, and I look forward to hearing her present. I'll turn it over to you Dr. Gutierrez.

Mercedes Gutierrez: Thank you, Dr. Sells. Dr. O'Leary just explained the swiss cheese COVID-19 risk reduction model. This risk reduction model shows us strategies that can be implemented on the personal level and also the program level.

Why do we need these risk reduction strategies within our early childhood programs? Well, what we know is that the vaccine for children under 5 became available in June of 2022. It will take some time for children to become fully vaccinated and for us to start to see those high rates of vaccination that are needed to help slow the pandemic. We also know that children are still getting COVID-19 and when children get COVID-19 they can come to the programs and spread it to other children, to staff, and potentially take it home to their family members and loved ones.

What we do not know is the long-term effects of COVID-19 on children and all of these risk reduction strategies that we reviewed with Dr. O'Leary and that we will continue to review are really there and in place to help us keep our children, families, and staff as healthy as possible in our early childhood programs. Next slide, please.

The CDC has recently updated their guidance for early childhood education programs. They have updated their guidance into two categories. You'll see that they now have guidance for strategies for everyday operation and that's what we know in early childhood as infectious disease prevention strategies. These strategies have long been the core of Head Start comprehensive health services.

There are things that you all have done long, helping families stay up to date with vaccinations, keeping children home when they are sick, or helping prevent them from entering into class by

performing daily health checks, increasing outdoors time so that they can get fresh air. We all know that washing hands is very much a part of our daily schedule, as well as teaching our children to cover their mouths when coughing, and of course, cleaning and disinfecting multiple times a day.

CDC also has now separated these risk reduction strategies into COVID-19 specific prevention strategies. These specific strategies are suggested in response to the community levels or what is happening with COVID-19 locally. You'll see that as COVID-19 increases in the community, the CDC suggests that we layer on or add more protection to our strategies.

As we see levels improve within the communities and in our programs, we suggest that these COVID-19 specific prevention strategies should be removed one at a time while you continue to monitor what's going on in the community and in your program.

The COVID-19 specific strategies are all actions that we've become familiar with throughout the pandemic, wearing a mask and testing, using cohorts, improving the ventilation, and having a system to communicate with your staff and families about new cases in your program, and of course it's so important to follow the guidance that is given to you both locally and from the CDC on quarantine and isolation guidelines. Next slide, please.

As I mentioned before, the COVID-19 specific prevention strategies are in response to COVID-19 community levels. The CDC is now offering a tool to find your COVID-19 community levels specific to your community. They base community levels on the hospital beds that are currently being used within your community, the number of hospital admissions that are currently being seen, and also the total number of new COVID-19 cases within your area. From that they are able to categorize the risk within your community into three levels low, medium, and high.

As you see, they are also color coded. We know green is go, and yellow is slow down, and in red is stop. From this you are able to determine which specific COVID-19 risk reduction strategies are needed to be added or taken away depending on what level of risk your community is currently in. Next slide, please.

This is just a reminder of the Caring for Our Children (CFOC) National Health and Safety Performance Standards. These are a collection of best practices of health and safety standards that early childhood education programs can use. CFOC recently updated their standards based on COVID-19 modifications. If you visit the CFOC website, you will see a list of the modified standards and appendices that are related to any COVID-19 updates that you will need for your program.

Additionally, we want to highlight appendix J and K of CFOC, which will help programs select the appropriate sanitizer or disinfectant and also help programs determine the routine schedule for cleaning, sanitizing, and disinfecting. Next slide, please.

What we've learned about the pandemic is that there are surges of the virus that may come and go and it's very important for all programs to be prepared. What you can do as a program to prepare for COVID-19 is continue to watch local and community levels. We suggested today the CDC website, but also want to reinforce that local health department websites can provide local community levels as well.

You should continue to help families obtain vaccines both routine and COVID-19 vaccines, continue to keep masks on hand so that they are available for anyone who needs them, and help families identify resources for testing within the community that are easily accessible and culturally appropriate. Also, continue to apply the risk reduction strategies to limit the impact of COVID-19 on our children, families, and staff. Thank you.

Jill: Thank you, Dr. Gutierrez. Really appreciate all those practical tips and tying the background that Dr. O'Leary shared with us with steps that we can take in programs to support health. For our final speaker in this section, I'd like to introduce, again to you, Dr. Neal Horen.

Dr. Horen is the co-director of our National Center on Health, Behavioral Health, and Safety and is a clinical psychologist focused on early childhood mental health. He serves as the director of the early childhood division of the Georgetown University Center for Child and Human Development and he has developed and delivered hundreds of trainings across the country related to topics such as trauma, infant mental health, disabilities, and staff wellness. He's also one of the nation's leading experts on infant and early childhood mental health consultation.

Dr. Horen has been with us on all our previous COVID-19 webinars and we really appreciate the perspectives he brings to supporting staff and talking with families. With that, I'll turn it over to Dr. Horen.

Neal: Thanks so much Dr. Sells, and immediately we go from wow, he sounds impressive, to he gets all his information from Sesame and Community. We actually thought it might be helpful I'm here to talk to you about how we're going to talk to folks about all of this. I figured I'll start with the experts, Elmo and his father. We're going to watch a one-minute video. It's in your resources if you like it, you want to use it, it's listed here as well on the slide. We're going to go ahead and show, it's just one minute, but it's a good example of how the conversations sort of go and then I'll talk a bit more about that.

[Video begins]

Elmo: Now Daddy has super-duper bandages just like Elmo.

Louie: You were super-duper today getting your COVID vaccine, Elmo.

Elmo: There was a little pinch, but it was OK. Elmo was really glad to have Daddy and Baby David there with him. Baby David, where are you?

Louie: I had a lot of questions about Elmo getting the COVID vaccine. Was it safe? Was it the right decision? I talked to our pediatrician so I could make the right choice. I learned that Elmo getting vaccinated is the best way to keep himself, our friends, neighbors, and everyone else healthy and enjoying the things they love.

Elmo: Oh, Daddy, Elmo and Baby David have a question. Can we have a hug?

Louie: Oh, come here son.

Elmo: Elmo loves you, Daddy.

Louie: I love you too.

Speaker: It's OK to have questions about COVID vaccines for your kids. Get the latest facts by speaking to your pediatrician or health care provider.

[Video ends]

Neal: I loved it so much we were going to show it twice, but we'll stop with just once. All joking aside, one thing that you'll have noticed on there is while I think Sesame and Community is one of our partners in our National Center and our work in all this is fantastic, we also are really, in a more serious vein, talk to your pediatrician. You saw that listed right there by Sesame is CDC and the American Academy of Pediatrics, two of our strong partners in thinking about all this.

That said, we know that many of you in programs are likely to be getting questions and be involved in conversations about this. We thought a lot about how to help all of you start to think about this. Let's talk about it. How do you get started? The first is to prepare yourself, is to start to think about what your goal is.

I would start by saying, I don't know that your goal is to convince somebody of something. It's much more to be in that relationship with the family as they're trying to make decisions for themselves based on information, and based on what their pediatrician is saying, and experts, but we want you to really think about how you're going to prepare yourself.

What is your relationship like with this family? What is it that you want to share with this family? What are the kinds of questions that you're comfortable answering? What are things that are not your area of expertise? And again, going back to talking to your health care provider is a very good answer for family if it's not something that's your area of expertise. That said, it might be helpful, if you want to have this conversation, to ask the family's permission and not just assume that every family wants to have a conversation that can be really challenging. It could also be really fruitful, hopefully.

To start to use some of the techniques that we've oftentimes talked over the years about and we'll always return to, which is first ask permission. Would it be OK if we talk about how you're feeling about all the information out there about vaccines? I think it's really important to understand, as you all know much better than I, family is going to come at this with lots of different feelings and lots of different information sources. All you're willing to do is to say, I'm here to have a conversation with you. It's a great starting point. Would it be OK if we have this conversation?

After you've done that, then start to think about being there to understand some of the concerns and questions. While the information that you've seen from Sean and Mercedes is obviously really helpful scientific information, we're also involved in lots of conversations with families. First is to start to think about what are the things that they're interested in talking about? Rather than preparing yourself to give a presentation, lecture style, on here's the information that we have and here's what I think this is really about understanding where our family is at.

I can see in the chat that folks are already bringing up all the various ways in which families may come to you, afraid, not afraid, confident, knowing lots, not knowing a lot. I think it's important for the starting point to be, you've prepared yourself and you've allowed the conversation to

start with somebody asking their own questions and raising their own concerns. I'll stop here for a second and just say to you, you're not supposed to have all the answers.

What you're supposed to be is somebody who can say, let's walk through what you're trying to walk through. I'll answer the things that I can answer. I'll help you find sources of information, reliable sources of information, as Sean and Mercedes have shared and we have in the resources for you and then to move from there. The pace of this conversation is not one in which you're trying to get through it, but that you're really trying to be there with that family and help them get through what they want to get through. You're going to try and understand their concerns and questions.

Let's go back to the kinds of strategies that I know many of you use on a regular basis. You're going to use some of these strategies that have always been helpful in your relationships, whether they are with your relationships with families in your program or just in the relationships you have. You're going to do reflective listening. What I hear you saying–I think what you just said is really important because–

What you're doing is you're using a lot of reflection back to indicate to somebody, I'm listening to what you're saying. I'm not trying to tell you what I think, or what you should do, or my opinion. I'm reflecting back that I'm hearing what you're saying. You're summarizing. What you're saying is that some of the concerns that have come up have been after conversations with folks in your family. That seems like one place in which people get information. It's really helpful for me to understand that's one place you're getting your information from. You're summarizing back.

All of this to help somebody understand I'm listening to you. I'm not trying to direct you. I'm not trying to get you to do something. I'm just hearing what you're saying. This relationship-based engagement is really important in the sense that all you're trying to do is have a conversation. It may not have an end in this first go round. It may just be we're having a conversation and the conversation may be completely different than how you feel or it may be the same. It's not about how you want the conversation to go, it's about where that family is at.

Those of us who are in families. I think I've included everyone. Everyone has a family in some way, you know how this goes. We have lots of different ways in which we operate, ways in which we relate to one another. All you're doing is trying to maintain that there's a good relationship between you and that family and that there's room for conversation to continue.

These kinds of strategies, asking for permission to talk about this, asking what the questions and concerns are, using strategies like reflective listening, summarizing, and things like that can be really helpful in making someone feel interested in continuing that conversation.

The goal is to help families make their decision and feel comfortable, not to change their mind. That may seem for some like, no, no, no. The goal is to get somebody to do X. That is not our goal. Our goal is to always build that relationship, leave room for communication, and have a family feel like that program is supporting me. This may be, again, going back to preparing yourself.

I have gotten really good, maybe it's because I'm married and my wife is so amazing that I prepare myself that it's not always going to go my way, that sometimes I'm going to go with where somebody else is going.

All kidding aside, all you're trying to do in this conversation is allow a family to explore what they're trying to decide on. Leaving room for future communication. This first go round about a discussion about vaccination for children may actually end up with them saying I'm not sure what to do. The best thing you can do in that instance is to say, this is a really hard decision and I can understand why that might be something that you haven't made that decision. I want you to understand, I'm here if you want to continue this conversation.

Boy, if I heard that from somebody it would make me think, yeah. I'm not sure, but if I'm going to make a decision I'm going to come back and continue the conversation with you. That's our goal. In all of this and always has been in any of these conversations we have, whether they've been the ones that we've had in our webinars about how to talk with staff or other. This is really about a decision that for many of us is a challenging decision to make. What's helpful to some is all the information that we've heard, for others it may be different ways in which they make the decision.

Your job in this conversation is to have the family feeling like they were heard, and they have the ability to make a decision, and that you are there for them. With that, because it is challenging, I just want to remind you that you all deserve a bravery bandage for just the work you do in general, but certainly for this kind of conversation. Here's another example from our friends at Sesame Workshop, but a great way to have some resources on hand. Dr. Sells will come back in here in a second and share some of the other resources.

Make use of these resources. Having these conversations, we've developed some guides that may be helpful for you. This webinar may be the place where you've gotten that information. Make use of your resources in supporting those families. I really appreciate all the work that you're doing on this and know that this can be a tough conversation.

Jill: Thank you, Dr. Horen, some really helpful, thoughtful strategies to do what we all want to do, which is work with families, and be supportive, and be able to have the conversations around these important health topics. I'm just going to briefly review some of our resources for you before we open it up for questions. Thank you for all the questions that are coming in. Please continue to put them in the Q&A block if you have questions and we'll get to as many as we can.

We've made some reference to some resources here today. I know my colleagues have been putting in the chat how you can download the resource sheet with all of these links and you will get follow up information you can access as well, but I wanted to highlight a few here. Our new COVID-19 resources, we're very excited that you will be getting, quite soon, access to these new posters that are on the right.

We did posters for the older children's vaccines that were quite popular with folks and we wanted to provide updated ones that reflect the younger children and the children in most of the programs that you work in. Those have all been approved and will soon be available on the website in both English and Spanish.

In addition, we have developed a new fact sheet related to COVID. The one on the bottom there called COVID-19 Vaccines for Young Children. That one is already up on the website and is actually available in seven different languages. If you scroll down to the bottom of the page where that's found. This is a basic fact sheet where we are trying to convey, in as simple terms as we could, much of the information about the vaccines themselves in a way that will be useful to you as you talk with staff in programs and to have as a resource as you talk with families. I encourage you to check that one out.

Then the second is called Guiding Conversations About COVID-19 Vaccines for Young Children. This is more reflective of the conversation that Dr. Horen just had with you and bringing some tips related to the things that he just said. That one is also already available on ECLKC. We encourage you to check these out and to use and share them wisely. Next, please.

I also wanted to just orient you, I know there can be a lot of information on ECLKC and elsewhere on the web and our Center has one page where we focus the links to get you to our COVID-19 health-related resources.

The landing page is called COVID-19 Health Considerations and the link is right there. When you get to that page, you'll see something like on the right where there are the different boxes, which then gets you into topical areas, including one on COVID-19 vaccines and which would have most of the resources that we've talked about here today. You can also find links to previous webinars and this one will eventually be up there, as well as other risk-reduction strategies, et cetera.

If you keep in mind that that's where the page is you can always go back and find things and find things in the future as they get placed there. Next, please.

We wanted to specifically also call your attention to the quarantine and isolation posters or infographics, which we developed earlier this year, that you may not have seen, and just want to let you know that they're there. We know that the details around what to do if you have been exposed to COVID-19, or if you test positive, or if you have symptoms can be confusing to walk through.

These are a couple of different visual ways that we have tried to make those details easier to see and understand. We want to encourage you to take a peek at those if you have not already and just remember that those are on that same page as well. Next slide.

What we're going to do now is take down the slides, bring up the panel, and I'll be asking some of the questions that you all have posed so far. We know we won't be able to get to all of them. We will definitely use them to inform our future technical assistance and information efforts, and to remind you, as we'll do at the end, that you always have access to the info line electronically or by phone.

If you have questions that haven't been answered now or you get them in the future please use that resource as well. Thank you to all our speakers again for just such a great conversation.

I am going to start with a question for Dr. O'Leary and this is a question specifically related to children under 2. if a child who's under 2, who can't wear a mask, gets COVID-19, do they need

to stay out of the program for ten days or can they come back at five, which is the quarantine and isolation related question.

Sean: I was afraid you were going to ask me that one. The short answer is defer to local guidance. CDC always says to …They, CDC, has their guidance for school and child care. Then, as I think this questioner is aware, some of that says they need to wear a mask after five days. Well, what if you're under 2? That's going to be a decision of the local Head Start program. Some places are doing tests to return. It's a complicated question. The bottom line is that the longer you go, the less likely you are to be contagious, but in terms of the actual rule, it's down to the local level and even the center level.

Jill: But for the most part, the recommendation has been that people need to mask for ten days.

Sean: Correct. Yeah.

Jill: It would be a difficult situation if it was under 2.

Sean: That you can return after five days if you're masked and not having significant symptoms, but you have to be out ten days if you are not able to mask. I should have been clear about that. That is the general recommendation, but local guidance may differ.

Jill: OK. Great, thank you. Let's see. Another one for you, people are curious about the percentage of children who have shown side effects with the vaccine. Kind of overall.

Sean: I saw that question too and it's not as simple as what percent have seen side effects because when these studies are done – I think we may have shared some of those slides on a prior presentation, but when those studies are done they look at many, many side effects. For example, they look at fever. They look at soreness. They look at fatigue. They look at loss of appetite. In the younger kids, fussiness. That kind of thing. They're looking at all kinds of different things.

With those the percent of kids who got side effects with all of the specific minor side effects, they were very similar to what we saw in the older children and in the adults. Some large percentage gets some soreness at the site for the kids that are old enough to tell you that. That's a fairly common side effect.

The important thing, though, is what about the severe side effects? There were no severe side effects that really identified in the studies that were done, by the manufacturers for licensure. That was among about 2000 children for each manufacturer, which is similar to what we saw in the older children's studies. Compared to the adult studies where they were in much larger populations because they were trying to look for effectiveness.

They were shown to be safe in these studies, no severe side effects. That's what I was getting at with the once these vaccines are put into common use they are constantly monitored looking for the more severe side effects. At this point in the younger kids and the kids 5 to 11 we're really not seeing any significant severe side effects based on this nationwide surveillance.

You may remember, and a lot of the folks on the webinar may have heard about myocarditis, and that's a rare side effect that can happen primarily in older adolescent males and young

adults. The thing I want to point out there is that it's actually getting that myocarditis is actually much, much more common when you get infected with COVID than when you get vaccinated with COVID. That's one that we saw in older kids on the order of a few cases per million doses, a very rare side effect. With the younger kids we're really not seeing that side effect and that's what we would expect.

Pre-COVID, pre-pandemic, pre any of these vaccines we do see myocarditis on an ongoing basis as something that happens after infections and we tend to see that happening in the older kid, the older adolescent males, and young adults as we're seeing is this rare side effect. We're not seeing that in the younger kids.

Jill: Great. Can I paraphrase briefly and correct me if I get it wrong? Overall, we're just not seeing side effects that we're worried about in the little kids, but we're monitoring it very carefully to make sure that we don't see them once millions of children, get them.

Sean: That's exactly …

Jill: But that just like adults, those of us who have gotten the vaccine or have heard about others, most people had a sore arm and felt a little crummy afterwards. That's probably pretty likely in the kids as well and that you should be prepared for that. Is that a fair way to summarize?

Sean: That's absolutely correct. The side effects from these vaccines, what we saw in the clinical trials were fairly similar to what we see with other routine childhood vaccines. All the things that we get when we take our kids to the doctor. Now the other thing I want to point out here, I want to come back to Neal's talk because I think that's really important. I shared with you a lot of the facts about COVID-19 vaccines and COVID-19, but it is not your job to convince parents to get this vaccine. I think Neal made that point.

Have them talk … Encourage them to talk with their pediatrician, but I think what Neal … My area of research, a lot of it involves helping provide training providers on how to communicate about vaccines. I train exactly what Neal explained to you in terms of reflective listening. That's what providers are trained to do as well. Asking questions, reflective listening, developing a relationship, but by no means should you all be trying to convince these families and getting, for example, getting into an argument about getting their child vaccinated. Do exactly as Neal instructed. Reflective listening, open ended questions, affirmations, things like that.

Jill: Thank you. Really appreciate that perspective and just acknowledgment. We're all human beings who anyone who has children is really trying to do right by them. Trying to understand what the choices are and feel supported in their ability to understand that. I really appreciate both of you sharing those tips. I'll actually give this next one to Neal then because it's a related idea.

Someone's asking, how can I educate or support families as they might be reevaluating or thinking about their choices? Have anything you'd like to add?

Neal: Well, I mean, I think Sean just said it. I think we have information and that's what we share with folks. Then people get to make a decision. I think the more you can see yourself as the person who may have information that a family doesn't have and the one who can continue

to send them back to, what I think most of us would sort of fall back on, which is our pediatrician.

If we have a question, some folks may come to you, health manager at the program and ask a question, they may come to somebody at the program, but ultimately our job is to say, here's the information that I have that I can give to you. Here's resources that we have and any questions you should go back to your pediatrician. I think if you're hearing the same message from Sean and I, that's probably a good sign. I think what Mercedes has talked about in terms of the mitigation, all of this put together is the best we can give to somebody and then they can make a decision. Then we support the decision as best we can.

Jill: Thank you and I'd just like to add, I am a pediatrician, but I also want to acknowledge there are other primary care providers that children see. What we really want to do, as we always do in Head Start, is to try to encourage that ongoing relationship with a source of primary care who might be a pediatrician, might be a family physician, might be a nurse practitioner. Someone who does what we call well-child care, and checkups, and immunizations, and that source of care – building that relationship with that source of care is part of what both of these gentlemen are talking about.

You can be a source of a trusted caring relationship and you can help support them developing that in an ongoing way with their health provider. A pediatrician if that's who they see, but also a family physician or whoever their provider might be. Together we build those … Help support those trusted relationships where parents can get reliable information and support for how they're making choices to support their child's health.

I just want to acknowledge that we have a lot of questions that are coming in, we are not going to get to all of them. But as I said before, we will use these to inform future things that we do in terms of resources, and to remind you if you asked a question today that did not get answered that you would like an immediate answer from, please go ahead and send it to the info line after the call today. This is not a simple question, but I'll try to ask it anyway and maybe start with Sean.

What is the best way to be culturally aware or prepared when discussing COVID-19 or the vaccine?

Sean: Yeah, I mean that's a very important question that I will just in the interest of time give a very simple answer to follow Neal's instructions. I think using those techniques you are showing respect for the individual you are talking with no matter what their race, creed, or ethnicity. I think that is a very good place to start is using very respectful communication strategies.

Jill: Thank you. Mercedes, you of the group here, you're the one who's been hands on inside a Head Start program and inside schools, do you have anything you'd like to add to that?

Mercedes: I agree with Dr. O'Leary. I would like to add that it is very important for us to know our population, to know our program population, to know our community. In order to be culturally prepared you need to know who you're serving and who your population is. By making sure that you have the proper resources to refer them to that are both culturally

appropriate and linguistically appropriate you can better be culturally prepared to have this conversation. That's all.

Jill: Thank you, really helpful. We also want to acknowledge that this webinar, like all the things that we've done over time, is just a part of the strategy for us to try to support you. We know we can't do it all in this one hour, but we really hope that the information that we share here today is a starting point for you to see where you're at, what types of information might be helpful to you as you move forward in your work. We're really appreciative that you joined us here today.

Please access the resources that we shared and follow up with questions. I'll turn it back to Nydia now to do the closing. Thank you so much for joining us and thank you so much for all that you do each day to care for children and families in your community.

Nydia: Thank you once again to doctors Jill Sells, Sean O'Leary, Neal Horen, Mercedes Gutierrez for this very important information. If you have more questions, you can go to MyPeers or write to health@ecetta.info.

Final reminder, the evaluation URL will appear when the webinar ends. Do not close the Zoom platform or you won't see the evaluation pop up. Remember, after submitting the evaluation you will see a new URL and this link will allow you to access, download, save, and print your certificate.

You can subscribe to our monthly list of resources using this URL. You can find our resources in the health section of the ECLKC or write us at health@ecetta.info. Thank you all for your participation today. Kim, you can close the Zoom platform.