



COVID-19 Vaccine

We continue to schedule various clinic dates for COVID-19 Vaccine - Appointment is required.

Please call 480-460-4949 for clinic dates, times, and locations.

Please Print and Sign the CDC "COVID-19 Vaccine Consent" BEFORE your appointment!

(Located under "Patient Forms" from our homepage www.desertshorespediatrics.com)

COVID-19 Pediatric Vaccine Information & FAQs

- Children **5-11 years old:** the COVID-19 vaccine has been authorized for emergency use by the FDA and recommended by the CDC and American Academy of Pediatrics (AAP). The vaccine is a 2-dose series, 3 weeks apart. Each dose is 10 micrograms, which is one-third (1/3) the dosage of the teen/adult vaccine.
- Teens **12-17 years old:** the COVID-19 vaccine has been authorized for emergency use previously. The vaccine is a 2-dose series, 3 weeks, apart. Each dose is 30 micrograms. 16-17 year olds should also receive a booster dose 6 months after their primary series.

Is the vaccine effective? Yes! In pediatric clinical trials, it was 90-100% effective in preventing severe COVID disease in children and teens.

What side effects can be expected? The most common side effects were pain at the injection site, fever, fatigue, headache, chills, diarrhea, and muscle or joint pain. More side effects were reported with the 2nd dose and were mild to moderate. Rare side effects include swollen lymph nodes and skin sensitivity.

What about heart inflammation (myocarditis)? This side effect has been linked to mRNA vaccines, but it is very rare. We expect 26 cases of myocarditis per 1 MILLION administered doses. It's more common among teen males and more common after the 2nd dose. No children died from this side effect and all cases fully recovered. Vaccine-induced myocarditis is much milder compared to COVID-19 infection-induced myocarditis. The risk of heart inflammation was 21x higher in girls and 6x higher in boys with natural infection compared with the vaccine group.

Do kids really get sick from COVID-19 though? Yes! As of October 2021, over 6.3 million cases of pediatric COVID-19 have been reported. In 23 states reporting, there have been over 25,000 hospitalizations and 30% of those are children *without* underlying medical conditions (these rates are higher than the flu). Over 5,217 cases of MIS-C (the severe pediatric COVID complication) have been reported. Sadly, over 600 pediatric deaths have been reported making it a *top 10 cause of pediatric death* in the US. Kids can also become long-haulers of COVID-19.

Wasn't the vaccine made too fast? Speed doesn't mean rushed when all scientific minds, money and decades of previous work all came together (across the world!) to focus on one goal. Phase I, II, and III of testing were completed, but simply overlapped (standard practice). mRNA research started in 1961 with the first clinical trials as far back as 2001. Over 150,000 volunteers participated in the COVID-19 vaccine trials and we're grateful for every one of them.

Does mRNA change our DNA? No, this is biologically *impossible*. mRNA cannot enter the cell nucleus where DNA lives, nor does it have the "code" (aka nucleus access signal). mRNA cannot be converted to DNA, and it cannot insert itself into the DNA. mRNA is very fragile and clears from the body within 72 hours of injection. mRNA is not made with the actual pathogen and does not contain weakened or dead parts of the COVID-19 virus. There is over 12 months of closely monitored COVID vaccine follow-up data and no long-term side effects have occurred.

If my children already had COVID, do they need the vaccine? Definitely! They will likely have "natural immunity" for 90 days, but we know protection fades over time. Getting a vaccine helps strengthen the natural immune response. There is evidence that the vaccine actually protects better against variant strains of COVID-19 than natural immunity.