Desert Shores PEDIATRICS

COVID-19 Pediatric Vaccine Information (Pfizer) & FAQs

- **6 months -4 years old**: 3-dose series; dose 1-2 is 3 weeks apart; dose 2-3 is 8 weeks apart. Dose: 3mcg
- **5-11 years old:** 2-dose series, 3 weeks apart; booster due 5 months later. Dose: 10mcg
- **12-17 years old:** 2-dose primary series, 8 weeks apart; booster due 5 months later. Dose: 30mcg

Is the vaccine effective? Yes! In pediatric clinical trials, it was very effective in preventing severe COVID disease in infants, children and teens.

What side effects can be expected? The most common side effects were pain at the injection site, fussiness, fatigue, fever, 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 (older children) 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 and young adult 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 adolescent vaccine group. Myocarditis was not seen in the 5-11 year old and 6 month - 4 year old groups.

Do kids really get sick from COVID-19 though? Yes! In 2021 alone, over 600 children in all age groups died of COVID-19. Since 2020, over 442 toddlers and infants (0-4 years old) have died of COVID-19. It is now one of the top 10 causes of pediatric death in the US. 30-50% of hospitalized children with COVID-19 had *no* underlying medical conditions. Of toddlers hospitalized, 1 in 4 went to the ICU (Intensive Care Unit). Children also carry a risk of developing MIS-C, a severe inflammatory condition in children that necessitates hospitalization and is often life-threatening. Kids can also become long-haulers of COVID-19 and vaccination has shown to reduce that risk.

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 initial 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.