





mRNA COVID-19 Vaccines & Children

- Pfizer-BioNTech COVID-19 vaccine received Emergent Use Authorization for use in Children 12 years and older: May 10, 2021
- CDC (7-7-21)
 - CDC recommends everyone ages 12 and older get vaccinated ASAP to help protect against COVID-19 and related, potentially severe complications
- AAP
 - Recommends COVID-19 vaccination for all children and adolescents 12 years of age and older who do not have contraindications
 - Supports coadministration of routine childhood and adolescent immunizations with COVID-19 vaccines for children and adolescents who are behind or due for routine immunizations





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- Pfizer-BioNTech COVID-19 vaccine received Emergent Use Authorization for use in Children 12 years and older: May 10, 2021
 - Statewide:
 - 28.9% of children 12-15 have had 1 vaccine dose
 - 24.2% of children 12-15 have completed vaccination





Safety of mRNA COVID-19 Vaccines

- Serious Adverse events of interest
 - Anaphylaxis: rare; 2-5 per million vaccinated in US
 - Myocarditis and Pericarditis: rare
 - As of 7-6-21, 971 cases of myocarditis or pericarditis in patients 30 years old and younger reported to Vaccine Adverse Event Reporting System (VAERS)
 - Most associated with mRNA vaccines
 - 594 cases confirmed by CDC and FDA
 - Incidence:
 - Males:
 - 67/Million 2nd doses: 12-17 yrs old
 - 56/Million 2nd doses: 18-24 yrs old
 - 20/Million 2nd doses: 25-29 yrs old
 - Females: 9, 6, and 3, respectively.





Myocarditis and Pericarditis following mRNA COVID-19 Vaccination

- Confirmed cases
 - Mostly male adolescents & young adults
 - More often after 2nd dose than 1st dose
 - Typically within several days post mRNA vaccination
- Symptoms:
 - Chest Pain; Shortness of Breath; Palpitations.
 - Elevated cardiac enzymes, ST or T wave changes, and abnormal ECHO findings
- Most patients who require care respond well
- Patients can resume normal daily activities
 - Return to sports or exercise requires physician clearance
- CDC/AAP Recommendation: Cardiac risk of COVID-19 more severe





COVID-19 Risks

- Acute Infection
 - Hospitalization
 - Mortality
- Subacute/Post-Infection
 - Multisystem Inflammatory Syndrome in Childhood (MIS-C)
 - Long COVID







Multisystem Inflammatory Syndrome in Childhood (MIS-C)

- In April 2020, first temporal association between infection with SARS-CoV-2 and MIS-C
 - A post-infectious complication occurring 2-6 weeks after acute SARS-CoV-2 infection
 - Symptoms:
 - Persistent Fever
 - Systemic Sx [Abdominal pain, Vomiting, Headache, Fatigue]
 - Signs: Conjunctival hyperemia and rash
 - Severe Cardiovascular involvement:
 - Multiorgan failure with shock
 - ECHO findings: decreased LV function & coronary artery aneurysms
 - Need for inotropic support, ventilatory support, rarely ECMO





Multisystem Inflammatory Syndrome in Childhood (MIS-C)

- Laboratory findings
 - Elevated C-reactive protein and ferritin
 - Cardiac markers: elevated troponin and N-terminal pro-Btype natriuretic peptide
 - Hematologic: Low Platelets, Hgb, and Lymphocytes
- Clinical Impact
 - Early reports: 60% inotropic support, 53% Myocarditis, 80% required ICU
 - US Data (DeBiasi RL, NEJM, July 1, 2021)
 - 4000 cases with 35 deaths
 - MI Data (April '20-July 1, '21) [MDHHS]
 - 155 cases and fewer than 5 deaths; 70% in ICU





Long COVID

- Most patients infected with COVID recover completely but some have lingering symptoms
 - Symptoms include: Fatigue, Headaches, Difficulty concentrating, Palpitations, Insomnia, & Loss of smell
 - Initial pediatric data from the UK Office of National Statistics*
 - 10% of children 2-11 years old and 15% of children 12-16 years old still have symptoms 5 weeks post infection
 - This 10-15% with persistent symptoms occur irrespective of disease severity at onset.
 - By contrast, adults 35-69 years old: 25% have Sxs 5 weeks later
 - More recent data: 4.4% of 1734 SARS-CoV-2 (+) school age children had symptoms > 4 weeks and 1.8% have symptoms > 8 weeks.^
 - Very few persisted after 8 weeks

*Osmanov, I. M. *et al.* Preprint at medRxiv ^Molteni. E. *et al.* Preprint at medRxiv. May 2021





Questions?



