

Striking CDC data to share with COVID-19 vaccine-hesitant parents

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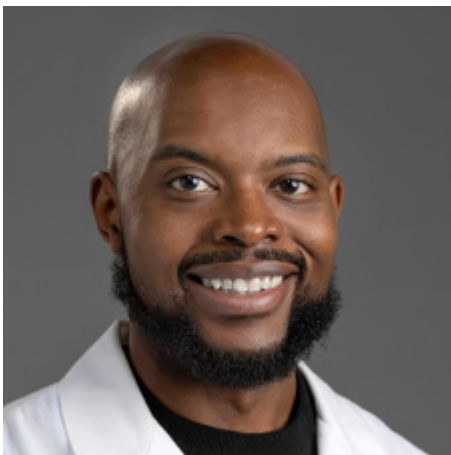
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Editor's note: *The CDC Advisory Committee on Immunization Practices has recommended that children 5–11 years old should get a booster dose of the Pfizer-BioNTech COVID-19 vaccine five months after completing the primary series.*

“Based on what we know from other age groups, vaccine effectiveness against SARS-CoV-2 infection declines over time and vaccine booster doses have been shown to increase protection against all outcomes,” AMA President Gerald E. Harmon, MD, said in a statement. “With the highly transmissible Omicron variant continuing to evolve, strengthened neutralizing antibodies from the booster dose provides an additional layer of protection.”

The Omicron surge last winter caused a rapid spike in COVID-19 cases, hospitalizations and deaths in the U.S. One sobering statistic that emerged from this period: hospitalization rates among children 5–11 years old were twice as high in unvaccinated children. Prevalence was especially high among Black children, according to a report from the Centers for Disease Control and Prevention.



Carl Earl Lambert Jr., MD

Federal officials expanded vaccine eligibility to include 5–11-year-olds last fall. However, only 32% of 5- to 11-year-olds had completed a primary vaccination series as of March, noted the report’s authors, who published their findings in the CDC’s *Morbidity and Mortality Weekly Report*.

Increasing vaccination among younger children, “particularly among racial and ethnic minority groups disproportionately affected by COVID-19, can prevent COVID-19–associated hospitalization and severe outcomes,” the CDC experts wrote.

One family physician hopes the report’s findings will encourage physicians to “keep pushing” on vaccination.

“It’s worth that extra five–10 minutes to counsel your families about the benefit of immunizations,” said Carl Earl Lambert Jr., MD, an AMA member and assistant professor at the Rush Medical College Department of Family Medicine.

The CDC study comes amid news reports that at least one of the two SARS-CoV-2 vaccines under review for children under 5 could be available by June. Visit the AMA COVID-19 resource center for physicians for clinical information, guides and resources, and updates on advocacy and medical ethics.

Impact of vaccination is clear

Researchers used data from the COVID-19-Associated Hospitalization Surveillance Network to assess hospitalizations among 1,475 U.S. children in the 5–11 age group, focusing on Omicron’s peak period from December 2021 to February 2022.

Hospitalization rates illustrated a wide gap among the vaccinated and unvaccinated. Nearly 90% of the 397 children hospitalized during Omicron’s predominance had not gotten COVID-19 shots. Cumulatively, the hospitalization rate was more than two times higher among the unvaccinated. About 30% of the children hospitalized had no underlying conditions, and about 20% required time in the intensive care unit (ICU).

“Children with diabetes and obesity were more likely to experience severe COVID-19,” the authors wrote.

Black children accounted for 34% of those unvaccinated, the largest proportion, and one-third of the COVID-19-associated hospitalizations. As the COVID-19 vaccines were rolled out, Dr. Lambert saw blame being placed on patients from historically marginalized racial and ethnic groups who were slower to get themselves or their children vaccinated. Some of this has to do with distribution and access, but there’s also the education component, he said.

“Are we thoroughly educating our patients about the vaccines? Are we treating vaccine hesitancy?” he said.

Dr. Lambert, who cares for many patients from historically marginalized racial and ethnic groups in his Rush University Medical Center-affiliated practice on Chicago’s Near West Side, said he tries to consider how these patients might see physicians and the health care system. Black communities in particular have faced medical experimentation that has led to mistrust of medical professionals.

Family physicians aim to create a safe space, to have conversations with no shame, he said. “If there’s hesitancy, we don’t get frustrated or angry. We try to see the ‘why’ behind that and handle that with an inquisitive spirit.”

This may involve dismantling something a patient heard from a family member or social media.

Throughout the COVID-19 pandemic, the AMA is curating critical health equity resources from across the web to examine the structural issues that contribute to and could exacerbate already existing inequities.

Piercing veneer of invulnerability

Parents in general tend to overestimate resiliency in their children. “It’s this idea that nothing could happen to their child,” that COVID-19 hospitalizations happen to older adults with comorbidities, not a child or adolescent, Dr. Lambert said.

“When we look at the CDC findings, we realize that’s not the case,” he added. “We don’t want any child to be hospitalized or admitted to an ICU. When I counsel parents, I say, ‘You don’t want to be that statistic.’” Vaccines can help protect the young as well as the old, he tells parents.

The bottom line is that COVID-19 hasn’t gone away.

“It’s still here. We have to remain vigilant and encourage our patients that if they haven’t been vaccinated, now’s a great time as things open up,” said Dr. Lambert.

Physicians are always thinking about benefit-versus-risk in an individualized context. Doing so, and communicating that way, “should make patients feel cared for, that their physician is a trusted professional to talk to,” he added.

Read more about Dr. Lambert and seven ways improve Black health—in mind and body.