In the third year of the COVID-19 pandemic and the beginning of a new school year, vaccines are available for a broad range of school-age kids, but are enough American children getting them?

Sadly, not yet. Only about 5% of kids between 6 months and 5 years old have been vaccinated to help protect against COVID-19 about 30% of 6- to 11-year-olds are fully immunized against SARS-CoV-2, according to Aaron Carroll, MD, MS, professor of pediatrics and chief health officer at Indiana University School of Medicine.

Dr. Carroll discussed COVID-19 vaccines in schools and proper use of SARS-CoV-2 testing on a recent episode of “AMA COVID-19 Update.”

**Don’t wait to vaccinate**

The slow uptake thus far on childhood SARS-CoV-2 vaccination “really shows that the message is not getting across. Parents are not feeling that this is something that needs to happen,” Dr. Carroll said.

“Pediatricians and family physicians are usually very good about convincing people that vaccinating kids is important, he said. But I'm not sure how well we're doing that. I'm not sure also that it's happening as fast as we like because if people are waiting for their well care visit to get the vaccines.”

Many parents are waiting to see what happens, he said in the in the interview, which was recorded ahead of the Centers for Disease Control and Prevention’s recommendation that Novavax’s COVID-19 vaccine be used as another primary series option for adolescents 12–17 years old.

Dr. Carroll noted that some parents are saying, “My kids have already had COVID, and it wasn’t so important. Why should I bother?”
One tack physicians have taken is to note that COVID-19 is much worse than flu, but Dr. Carroll worries “that comparison doesn't really work because we have a tough time convincing people to get immunized against flu as well.”

Dr. Carroll said that new SARS-CoV-2 variants keep popping up and that they cause subsequent waves or surges of cases but not hospitalization, death or significant illness.

“And because of that, some protection from Omicron seems to be continuing with respect to BA.5. It's not as if it's a completely new variant, which is overwhelming everything and causing diseases if we had no immunity to begin with,” he said.

Use tests, but wisely

Testing continues to be important, but not everyone is using testing properly.

“Antigen tests are probably a pretty good approximation of whether you're infectious, but not necessarily whether you're infected,” Dr. Carroll explained. “PCR tests might be better at that. But I do worry that too many people don't test when they're symptomatic at all. But even if they do, they use antigen testing as a one-time check. And if it's negative, assume that: Oh, this illness, even if it gets worse and my symptoms worsen, I don't have COVID. I'm safe to go out.”

Dr. Carroll said “we probably need to serially check with antigen tests, especially when pretest probability is reasonably high. That messaging is not getting out. I think people think that, again, testing is a one-time check. And if I'm negative, I'm good. If you've been around a lot of other people or been in contact with someone that has COVID and you've got symptoms, there's a fairly good chance you've got COVID.

Ideally, it should be part of an ongoing conversation. Check in repeatedly. You should have many conversations with your kids about how they're doing, how they're feeling, how the world is going. People get nervous about it when it's a big deal because it hasn't happened in a while or because they think this is the time to do it. As much as possible, make it routine.”