

Dr. Santana Wheat ([00:00](#)):

Hello, and welcome to IVAC's podcast series. Thank you for joining us today as we discuss pediatric vaccines. My name is Dr. Santana Wheat and I am a family physician at Erie Family Health Centers, and the program director for the Northwestern McGaw Family Medicine Residency program at Humboldt Park where I do full scope family medicine.

Today, I am joined by Dr. Christina Wells. Dr. Well, would you like to introduce yourself?

Dr. Christina Wells ([00:24](#)):

Good afternoon, everyone. I'm Christina Wells and I am a family medicine physician. I work at the University of Illinois Mile Square Health Center, and I'm also faculty in the University of Illinois College of Medicine.

Dr. Santana Wheat ([00:39](#)):

So today, we're going to talk about some general conversations about the pediatric vaccine. And then we'll also focus a little bit on the specific age group of 12 to 17. But let's get started. Dr. Wells, what are some of the common conversations that you're having with families about the COVID vaccine?

Dr. Christina Wells ([00:58](#)):

Common conversations we're having with parents are just what their feelings and what their thoughts are about having their children become vaccinated. I think maybe some common themes that I've seen, is there are the parents who they've gotten vaccinated and they want their children to become vaccinated. I've also had some teenagers who've been vaccinated, even if their parents haven't been vaccinated. But then there's the select group who are definitely getting vaccinated.

And then other conversations are maybe those parents who have more questions or parents who are a little bit more hesitant, maybe because they're worried about vaccine safety, or maybe they've had some information that they've seen maybe on the internet or from other family members or friends that may be concerning them about the vaccine. And so, those are probably the most common conversations that I'm having. What about you in your practice?

Dr. Santana Wheat ([01:59](#)):

I think those are very similar. I think that we saw a wave of people who really wanted to be vaccinated right away, that were scheduled for those first few days that they were open for either age group that has become available. And that's potentially even quickly got the booster vaccine when they were available. I then also have those families who aren't necessarily rushing to get it, but aren't opposed to it. And so we're just using the time to ask the questions during their regular well-child visits or if their child is coming in for some other reason, might be willing to get it at the same time.

And then there's the family that don't really want to hear about it. That just sort of say, "No, we're not interested at this time." But we're still taking the opportunity to say, "Sure, let us give you some information about it though, and allow you to think about it. And maybe if you would like the COVID of vaccine in the future, these are the ways that you can come and get it."

I also have some families that have said to us that they're not interested in getting the vaccine unless they're told they have to get it. So we had some families that came in and got it because of the temporary mandates that were in place for a while, that made it a necessity to be vaccinated in order to continue their activities. And some people that are saying, "Oh, well, we'll get vaccinated if the schools

require it, but that's not the case right now." And so that will be an interesting conversation, I think, for the future.

Dr. Christina Wells ([03:25](#)):

Right. It's interesting that you mentioned that. And I think I have some thoughts, but I also wanted to get your thoughts about how are you addressing the vaccine hesitancy in your clinic?

Dr. Santana Wheat ([03:37](#)):

I think that we're starting with the question of why. Why are you concerned about this vaccine? What additional information can we provide? What is the concern? Because I think for every family, that's a little bit different. They might be concerned about risks of the vaccine. They might feel like COVID isn't a big risk for their children. They might feel like they're open to the vaccine, but they just don't want the vaccine that day because they're worried that their kid will be too tired to go to school the next day.

And so I think the why that those families are giving us is where we're trying to dig in. I will also turn it around, though, and I will ask them, "Well, what are those things that they're missing? Or what are those things that they're worried about doing? And are there pieces that we can reassure them that the vaccine would help?" Maybe they have an elderly family member and maybe getting the vaccine is helpful for them to be able to go see that family member and be protected. Or maybe they have somebody in their family that is immunocompromised. And even if they're not necessarily worried about the child, maybe they're worried about sharing it with others. Or maybe there's a baby in the family or nearby. So we ask them what their whys are, but also the whys of why they might be willing to reconsider. How about you, Dr. Wells?

Dr. Christina Wells ([04:52](#)):

Yeah, I think I try to have a similar approach in terms of trying to understand why, what their concerns are and trying to acknowledge that first of all, and not make it seem as if they're telling fables. I'm basically trying to validate their concerns, but also trying to encourage them at the same time to make sure that they are getting educated and getting accurate information. Reminding them of the sources of their information. And then again, making sure that they're open to the conversation, first of all, and also helping them to understand that I'm here to do the best thing for you and your child. And so I want us to look at this as a partnership, that we're going to try to think about what are the best ways that we can ensure the best health for your child? And so how do we come to that conclusion together?

Dr. Santana Wheat ([05:51](#)):

Absolutely. Are there any specific risks that the families you are talking with are concerned about?

Dr. Christina Wells ([05:58](#)):

I think the main, probably, risk that I see, that it's probably pretty universal, is just that the vaccine was developed in the public's eyes way too soon and concerned about what are the short and long term risk of being vaccinated? And so I think that that's probably the most concern that I've seen.

I may have had a couple of parents who may have asked about things like what they've heard in the news. Things like myocarditis, that I know you're going to touch on later. But for the most part it's just been, is this safe? Conspiracy theories, things like that.

Dr. Santana Wheat ([06:39](#)):

I agree with that. I haven't actually heard a whole lot of families talk about myocarditis, even though we talk about it as clinicians a whole lot. I think we worry about that. I think that the other thing that I am asked a lot is, is it really going to help the kids? Is it really going to help them since so many people felt like COVID was mild for children to begin with? And I don't know about you, but then I have those conversations that are sort of like, "Well, I don't want any child to be in the hospital. I want all of our children to stay healthy, even if we can prevent a little bit of severe disease, that's really important."

And I talk to them about being able to stay in school, being able to stay in their activities. I, myself, have young children and the idea that they didn't necessarily have to stop going to school when someone else in their classroom tested positive was actually a big thing for them and their buy-in and getting the vaccine and knowing that they could continue doing the fun things that they wanted to.

The first time there was an exposure in my daughter's classroom was after she had been vaccinated. And she was like, "Wow, if I hadn't gotten the vaccine, I would've had to stay home. And I would've been bored, Mommy. And I wouldn't have been able to go to dance." And she was able to tell me all of those reasons why. And so I will share that with other families to help them think through those.

Have you had any challenges in getting the children vaccinated and just sort of the logistics of it and having it available for your families?

Dr. Christina Wells (08:06):

Yeah, I think one of the biggest challenges is just how we give the vaccine in my clinic. One of the challenges that we face is having the staff to do it for us because we have not had the overwhelming desire to have the vaccine and the request to get the vaccines. And then we initially decided to only give vaccines on certain days of the week. And so that's been a challenge because if a patient comes in and they want the vaccine on a day that we're not giving it out, then I have to refer them to maybe a local CVS or a local Walgreens.

And then also part of the problem too, is that in our clinic, our staff isn't able to give the vaccines. Only LPNs are able to give them and not MAs. And so there needs to be a training process and looking at some of our operational structures so that we can allow MAs as well as the LPNs to be able to give the vaccines. Because even if we decided to say where we're going to incorporate COVID vaccine into our regular well-child visits, which would be a place where we would want to go, it would be challenging if not all staff were able to administer the vaccine, only LPNs were.

So I know that those are some operational issues that maybe other people may be experiencing as well, that we're going to have to really work through for patients to have the access to the vaccines that we want them to have.

Dr. Santana Wheat (09:48):

So I have been very fortunate in that in my organization, we have started incorporating the vaccine through regular visits. The initial rollout was vaccine fairs or vaccine days as well. And so it was a separate scheduled visit that occurred. I will say, though, I think about school physical season and sports physical season, and that this is a great opportunity for us to get our children vaccinated and also think about sometimes how hard it is to get all of the kids in at the same time.

And so I'm very appreciative of the fact that our children are able to get vaccines other places as well, that sometimes you can decide, "Okay, we have time to go today. I'm going to look on the online app and go to the local pharmacy that's able to give it as well." And to be able to tell that to the families

that are asking, if they're unable to get to the clinic, for some reason, that we can tell them and just to make sure that the records get to us so that we know that they were vaccinated.

Dr. Christina Wells ([10:48](#)):

Right. I think that's important. I think one of the things that may require us to maybe get around some of the operational challenges that some of us may face, is maybe thinking about how we also might partner with schools. And especially, like you mentioned with school physical season coming up, that's going to be a busy time for clinics. And so being able to make it a part of the school physical visit or the well-child visit is going to be important.

There also may be opportunities, I'm thinking, that maybe partnering with schools and maybe having maybe a vaccine clinic at the school, especially in the early days of when school's going to start, or maybe even in the weeks leading up to when school's going to start. So that will be maybe another point of access for parents and for kids to be able to have the vaccine in another setting.

Dr. Santana Wheat ([11:46](#)):

Absolutely. I think that there was some done at my local school system. They were able to have some vaccine fairs. And they did see an uptick in the number of children who were vaccinated in both age groups when those vaccine fairs were able to be available. And I appreciated that the schools did them again when boosters became available for the different age groups. So they were thinking about it again.

Why don't we move on to talk a little bit about the specific age group of 12 to 17. How are the conversations going with the adolescents about the vaccine as opposed to just their parents?

Dr. Christina Wells ([12:24](#)):

I think it's almost similar, although I think, like you mentioned earlier, that so sometimes depending on if they need the vaccine to participate in certain activities, the kids are more likely to want to go ahead and get it, or actually have already gotten it by the time that they have come to see me because they needed it for some sort of activity that they needed to participate in.

So I think that it's been pretty similar in that respect. For myself, I liken the COVID vaccine to when we first had the HPV vaccine coming out. And even now still, but especially in the beginning, there was a lot of hesitancy around the HPV vaccine coming out. And for the similar same concerns like safety and misinformation that people were getting as well.

And so I think I've tried to approach it in the same way in terms of trying to help parents understand that these vaccines have been around for some time, and that we're just developing new technologies, but these new technologies are really not all that new, they've been around for some time as well.

And also, just like I did with the HPV vaccine, is that you want to do the best that you can to protect your child as much as you can. And so the COVID vaccine is thinking about the same way in terms of how would I feel on the backend if my child had this and had an adverse outcome as a result of this? And so that's how I approach HPV vaccine. And so I try to, for that same age group, try to approach it in a similar way as well.

Dr. Santana Wheat ([14:19](#)):

I think that's absolutely right. And I will use some of the same techniques that I mentioned before about asking the child or asking the adolescent, what is it that they want to do? How can we make sure that

they're able to stay active in whatever their activity is, be it a sport, be it theater, be it music so that they have the least risk of coming out of those activities?

And I don't know about you, but as I've had these conversations with the patients and their families, I've also started talking to them about how, even if they're vaccinated already, that our knowledge is changing, that our understanding is changing and we may be recommending more vaccines than in the future. That come cold and flu season, again, in the fall, we might be having another conversation about this to try to plant the seed that this information might be coming again.

And then also, using this as an opportunity to talk about some of the specific risk factors that some of our adolescents might have. Maybe they have asthma, or maybe they have obesity. Those things that we know increase the risk for more severe COVID disease. Talking about how we can decrease their risks in general, and just sort of frame it as a whole healthy life.

Dr. Christina Wells ([15:34](#)):

I think that's a good approach, because one of the things I try to do as well, is make it seem like this isn't the only thing that we're recommending, that we're thinking about the holistic health of your children. And so we know that there are multiple factors to keep children healthy.

And so just like we talked to you about having your kids exercise and having your kids eat a healthy and balanced diet, this is just another component to helping them to have better health outcomes. And so trying to help them understand this is a part of a holistic approach versus an isolated thing that's just going to fix everything, but it's a part of the package that's going to help your child to have the best care possible.

Dr. Santana Wheat ([16:23](#)):

Absolutely. And since we're talking about adolescents, I think it's important for us to talk about myocarditis a little bit in this space. I'm fortunate to say I haven't seen any adolescents with myocarditis, but it is one of those risks that I think we need to talk about with this vaccine.

We do know that it's most often to happen in males. It's also more likely to happen in older males as well. And so even our adolescents are at slightly less risk than our twenty-something males. But that their risk, should they get the vaccine, is much less than their risk should they actually get COVID of having this type of myocarditis.

Dr. Christina Wells ([17:03](#)):

Yeah. I think that that's really important to help parents understand that and adolescents as well, is because understanding that the risk is worse if you get COVID. And I think that maybe sometimes that's not expressed or not known to parents. And so they may look at it as being exclusively related to the vaccine and not understanding that getting COVID is going to put them at much greater risk and worse outcomes in the long run.

And so I think that's a important factor to recognize too, that I think I was reading somewhere that there was at least 90% protection from myocarditis in those adolescents that were vaccinated versus those that were unvaccinated. And so you're right, too. I had one patient who was a myocarditis-like picture, and although it was a little bit different because he never had COVID. So I haven't seen it, you're right, as much in my practice as maybe others have seen.

Dr. Santana Wheat ([18:17](#)):

And then as we're recording this, the only vaccine that is available for the age of 12 to 17 is the Pfizer brand. We, of course, know that that might change in the near future as the FDA listens to evidence about other vaccines.

And so this has made it at least a little simpler at the moment to be clear on what vaccine someone is getting and to be able to follow up with that same one. And then those aged 12 to 17 are receiving the same dose as those 18 and over. So this age group, that rollout seemed to be a little bit easier than the rollout for the younger population, at least in my clinic, because it was the vaccine that we already had.

Have you had any great wins or successes or great memories from having adolescents vaccinated, Dr. Wells?

Dr. Christina Wells ([19:08](#)):

Interesting question. I think that what I could say is that I think the greatest win has been not necessarily me being able to vaccinate in the clinic, but the fact that a large portion of the kids that I have seen, especially in the adolescent age group, have already been vaccinated. And like I said earlier, one of the problems I did face is that when I am in clinic, those are typically not the vaccine days. So it's a little bit more challenging for me to be able to get a kid vaccinated, I'd have to have them come back. So again, I haven't had that kind of win per se because I've usually had to refer them somewhere else.

But I think that what I could say is a win, is that I have probably had less hesitancy from adolescents in the 12 to 17 age group of those that I've seen, because again, they've needed to get it for some other reason. And so there hasn't been that hesitancy that I've seen as much.

Dr. Santana Wheat ([20:22](#)):

I think that my favorite win in this age group was, I had an adolescent that told me their why of why they wanted to be vaccinated and they wanted to be vaccinated for a family member. And I just remember feeling like the maturity coming off of that child and for why he was doing it. And it just made me happy to see this adolescent wanting to protect their family, wanting to protect others.

And so it's been great to see some of our adolescents just sort of showing up, they're getting their Tdap, they're getting their HPV and sure, it's no big deal, let's get one more. I think that's always a great win to be able to see. Do you have any last resources or last thoughts, particularly about the adolescents, Dr. Wells?

Dr. Christina Wells ([21:05](#)):

I think what I would just advise is look at this as a partnership with parents. Again, helping them to understand that we are advocates for them and their children, and we want the best for them. Approaching it in terms of addressing and validating their questions, their concerns, and keeping the conversation open. And also being okay when parents may not immediately want to get their children vaccinated.

One of the things that I do, I do run into a parent who doesn't want to be vaccinated. I try to at least leave them with some additional information and then leaving that door open so that we can continue the conversation at a future visit. And it may be even worthwhile, especially since kids don't come in as often as adults, just following up with those parents, whether it's maybe not the physician, if they don't have the time, but maybe a staff member who can follow up and check in and see, "Oh, I just want to check in and see how you're doing with [inaudible 00:22:12]. And there's always ways where we can send patients messages too. So I like that method of contacting, at least parents, to check on them

and again, see if there are other ways that we can connect. So I would just say keeping the lines of communication open.

Dr. Santana Wheat ([22:26](#)):

And I think that my last thought is along those lines too, is just to remember that some of our adolescents don't come in all of that often. And so sometimes getting the vaccine is just going to be convenience. And so just sort of taking every opportunity as an opportunity to encourage them to get their vaccine or to get their booster because they might not be resistant to it. They just might not have had the time or the convenience to be able to come in. And so take advantage of every opportunity that you can.

Okay. Well, thank you so much for joining us as we spoke about pediatric vaccines, particularly adolescents. And in our next session, we will talk a little bit more about our younger children.