

## Episode 6: Discussions about COVID-19 Vaccines with Parents of 5-11-Year-Olds

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

Hello, and welcome to IVAC's podcast series. Thank you for joining us on today's episode, as we discuss vaccines for pediatric patients, particularly those ages five to 11. We'll also have a little highlight on those younger than five. I am Dr. Santina Wheat, and I'm a family physician at Erie Family Health Centers. And I am the Program Director for the Northwestern MaGaw Family Medicine Residency Program at Humboldt Park. And I have been practicing there for about nine years. And with me today is Dr. Wells. Dr. Wells, would you like to introduce yourself?

Dr. Christina Wells ([00:34](#)):

Yes. I'm Christina Wells and I'm a family medicine physician, and I have been practicing for 12 plus years at the University of Illinois Mile Square Health Center. I'm also faculty and course director in the College of Medicine. So happy to be here with you today.

Dr. Santina Wheat ([00:55](#)):

So happy to be here, talking about this as well. So today we're going to talk a little bit about some of the challenges and some of the opportunities for vaccinating our pediatric patients. And as we're recording this, it's really a big week in pediatric vaccines because there's some new information coming. And so we'll talk about that a little bit, but let's start by talking about our pediatric patients in the age five to 11. Dr. Wells, what's the most common conversation that you're having with parents of this age group?

Dr. Christina Wells ([01:30](#)):

Yeah, just this week was having some conversations with a few families just about vaccinations. And had a little bit more pushback this week of families, not necessarily wanting to get vaccinated. But I used it as an opportunity to at least try out some of my motivational interviewing skills and to just kind of elicit what people's concerns were, what parents' concerns were and to try to acknowledge those concerns and then offer some additional education that might help them to be able to understand safety of the vaccines, the importance of being vaccinated.

Dr. Santina Wheat ([02:18](#)):

That's great. It is always wonderful to be able to use those opportunities to really find out what families are thinking and to be able to find the real reason that they're worried and help give them the information that might help them make a decision to vaccinate in the future. Have you been surprised by any of the things that families have said to you?

Dr. Christina Wells ([02:40](#)):

I haven't been surprised by the things that they're saying. It goes along with things that we've been hearing. The concerns about safety, the lack of feeling that there is not a perceived risk, that my kids aren't really at risk for it. And the kids have been fine. Kids are resilient. So I think it goes along with the similar things that we were finding when we were dealing with adult populations.

And then because parents are bringing in their children, how the parent feels about the vaccine will determine whether or not they're going to get their children vaccinated. But one of the things that I was happy about is just being able to have the conversation so that it leaves the door open to having

future conversations. And some of these families are going to be coming back for school physical season. And so it might be an opportunity to pick the conversation back up.

Dr. Santana Wheat ([03:39](#)):

That's a really great point. And I also really echo the things that you're saying about families and their perceived risks. I think we really see that when we look at the data of who has been vaccinated in Illinois. Dr. Wells and I were looking at the numbers just recently. And it looks, when you look at it, everybody that's been vaccinated in the state, the numbers look wonderful. It looks like we're doing a really great job of vaccinating everyone. But then when we go down and we look specifically at the numbers of those in the ages of five to 11, the number of people who are vaccinated is much lower. We have a high of about 52% and one county, going down as low as like 4% in another county.

And so really knowing that if we're saying that numbers are high across the state, that probably means we're doing the best job of vaccinating our adults, and really do need to focus on this younger population. Even if we don't think that they will get really sick, I really feel like any one child that's going into the hospital is too many that are going to the hospital because of COVID. And also, are they sharing it with their families? I know so many people whose school-aged children brought COVID home in the past few months, and then the entire family was sick. And so it's important to think about everyone in the household and not just our young children.

Dr. Christina Wells ([05:00](#)):

Right. I think that's really important because we all have extended families. And it's important to think about how we can protect our family members. And even the parents understanding the risk that they may be at if their children aren't vaccinated, if they're not vaccinated, kids picking it up at school and the kid may be asymptomatic and pass it on to the parents and the parent may then contract it and may be in a worse case scenario. So that may be something also to consider talking to parents about, to their ownness, for not having their child vaccinated.

Dr. Santana Wheat ([05:43](#)):

I think that's right. And I don't know about you, but I have talked with families about risk with this vaccine and how I've actually been really impressed on how we are doing a better job of monitoring vaccine reactions with this vaccine than any other vaccine I've ever seen.

Previously, there was a specific process that you had to do to report instances with vaccines. And obviously we can still do that with the COVID vaccine and that's still available to us, but having this V Safe system available has been amazing to me. And seeing how quickly you're able to provide direct information about, I'm signed up myself and have signed up my two children. And so they recently got their booster doses. And so we're currently getting weekly texts to ask how they're feeling. Have they been diagnosed with COVID and have there been any new symptoms?

And just knowing that information is being gathered gives me a lot of peace of mind for my own family and also to share with my patients that we're really looking at all of the things that are happening with this vaccine to help counter that concern about this vaccine was developed so quickly.

Dr. Christina Wells ([06:51](#)):

Yeah. Dr. Wheat, you mentioned when we were talking earlier before the podcast about how you had signed up for your children for the V Safe. And I was saying that I wasn't doing such a good job in promoting it to my patients. And I know that there are probably other physicians providers who are going to listen to this podcast and be in the same boat, that they have not maybe have been thinking

about it as much. They may not even necessarily be aware of it, but it would be important for us to gain knowledge about that. And then maybe have a sort of posters around, flyers around, some sort of reminder system to remind us first, to be able to remind our patients about the importance of them signing up for this.

Dr. Santana Wheat ([07:38](#)):

That's a really good point. I think that there are QR code handouts and there are website handouts that can be given to families as the vaccines are happening that make it easy to sign up for V Safe. And it just sort of contributes to the data that's out there.

Have you had any families that are running to get the vaccine, or are really excited about the new approvals that are coming, hopefully in these next few days?

Dr. Christina Wells ([08:05](#)):

I don't think that unfortunately, the patients that I have been seeing are aware of what's been going on with the vaccines coming out for the younger kids. But I think again, as we come upon school, physical season, that might be something more on people's radar. And probably based on what we've been seeing in the news lately, it's probably going to be talked about more and more. And so then I anticipate that there may be more questions regarding the vaccines for the younger kids. What about you? What have you been seeing?

Dr. Santana Wheat ([08:45](#)):

We've been seeing some families that they're coming in for their five year old visit and they're sort of like, oh, we're ready. We're finally old enough to get this vaccine. And so there's been some families that have been sort of on pins and needles that are waiting. And so that has been good.

And then yesterday I was precepting actually, and I was reviewing two sibling's charts with one of my residents and I was like, oh, well, this older sibling is vaccinated. You should let the mom know that we're going to probably have this vaccine available in just a couple of weeks because the FDA made a recommendation today. And it was a great feeling because my resident goes, oh yes, the mom actually asked. She asked when we were going to start providing it. And so I'm excited to see this new wave of family that I know have been waiting and worried about being able to provide protection to the youngest members of their family.

It will be interesting to see what happens though, as we are likely going to see both Moderna and Pfizer being approved in this process of what's available where and how those decisions will be made. I'm very interested to see how all of that rolls out. And I don't know about you Dr. Wells, but I'm anticipating that the conversation will sort of be whatever vaccine you can get is the one that you should be getting. Sort of how it was for our adults when the initial vaccines first came out.

Dr. Christina Wells ([10:03](#)):

Yeah. I think that's probably going to be the conversation when you're thinking about any age group. Whatever's available, just go ahead and get it. Because at my clinic we do offer both Moderna and Pfizer and we've had, of course now just the Pfizer for kids, but because we've had Moderna and Pfizer for adults, I'm assuming that we're going to be getting both the Moderna and Pfizer for children younger than five as that comes out. And even the Moderna dose that will be for the kids who are in that six to 17 age range as well. So it'll be exciting to see.

I wanted to ask you a question. I wanted to flip the script for a second. One of the things that I've seen, and I know we talked about this earlier as well, is we definitely want to be encouraging parents to get their children, the five to 11 vaccinated. And when the dose for the vaccines for less than five come out, get them vaccinated as well. One of the things I've seen though with other vaccines is that sometimes it's challenging to get parents back in for a second dose. What have you found has been helpful to be able to get your parents to bring their kids back to complete the series?

Dr. Santana Wheat ([11:27](#)):

Oh, that's a great question. When the vaccines first came out, we were exclusively doing vaccinations in vaccine clinics. And so it was not being done as part of the regular visit. And so when the first appointment was made, the second appointment was made at the same time. And so there was no oh, come back and schedule another day. That appointment was confirmed when that first call was made and then was handed out even before the family walked back to get their vaccine.

So that helped initially. Now what we are trying to do is have some standing orders or as they've been given the vaccine to schedule it right in that moment that even the person that's giving the vaccine can schedule that follow up so that that's available, obviously making accommodations for holidays or closures. If they're happening to happen. Now we're starting to do more vaccines in conjunction with regular visits.

I do anticipate that this will be a little bit harder and I think we'll probably use some of our lessons learned from other vaccines, like the HPV vaccine, or maybe they're coming back for that second dose when they're not actually scheduled for a well visit. And so using the EMR options for callbacks, so people get reminder texts or other things. And making it specifically just a visit with our clinical support staff and not requiring them to see one of the providers. Because anything that we can do to decrease those barriers to get our patients in sounds like the right answer to me for moving forward with this. How about you?

Dr. Christina Wells ([13:02](#)):

Yeah. I know that we try to get the patient scheduled before they leave. One of the things that we're facing, and maybe other people may be facing this as well, is we've had shortages in staff. And so it's not always been easy for us to be able to have the nurse to make that appointment before the child leaves. So then what happens is you tell the parent to go to the front, but then the parents may not wait. Maybe there are people waiting in line who are trying to check in or other people are trying to check out and so that they may not schedule it before they leave. But I do think that being able to have the nurse schedule that follow up right when they're in the room with the patient, right after they've given the shot or right before they give the vaccine, I think is probably the most effective way.

Dr. Santana Wheat ([13:58](#)):

I think that's right. And I think making scheduling as easy as possible. If it's possible within your system to be able to do online scheduling, to be able to do other things that reduce the barriers. We also have faced the challenges with staffing as I think everyone in our state has and limiting the amount of time that somebody has to wait on hold to make an appointment or other things. Anything that we can do to make that better, I think is right.

I think that I'm anticipating some challenges with this new vaccine of the dosing schedules and how people are going to be confused about that. Do you have any thoughts about how to make that simpler for families to make that simpler for us as providers? Is there still much information that's coming through?

Dr. Christina Wells ([14:43](#)):

Yeah. I mean, you're right about that. If it's confusing for me as a physician, it's definitely going to be confusing for patients. And I think it's just going to be a matter of having resources available. We're not going to be able to keep all of this in our heads. And so I think utilizing the resources that are available, whether it's flyers, whether it's fact sheets. One of the things that I've been doing, and for those who are listening and maybe want to have other resources, I listen to the IVAC and Echo sessions and they have both pediatric and adult sessions where they talk about updates as well.

And so sometimes I'm just kind of taking pictures of charts and keeping it on my phone. The other day, a kid came in for a booster shot and the nurse came to me and said, are they giving boosters to kids now? And how many shots are kids supposed to get? And so I had a picture on my phone and so I just pulled it up and I said, hey, look, this is a picture. This is what constitutes a child being fully vaccinated. And so it was really easy for me to be able to go to that resource and be able to show the nurse right there. So I think just having those resources available and utilizing them because we're not going to remember everything.

Dr. Santana Wheat ([16:12](#)):

Absolutely. I think the other thing that will really help us get some of these vaccines taken care of is if we can partner with the school systems, like have happened already with some of the other vaccines. To make it easier for families to have access to the vaccines. I worry a little bit, like you were mentioning already, that we're walking into school physical season and then will it be hard for some families to get in if they're not that child that needs the physical for school. And thinking about other places that we can make sure that they have access. So hopefully our school systems will be able to partner with us on some of this and some other places willing to partner to make sure that everybody's able to get the vaccines that they need. Whether it's their first dose or their second dose or their third dose, whichever one it is that they'll need.

Dr. Christina Wells ([16:54](#)):

Right. I know you were mentioning earlier that you had been doing some health fairs. And so I imagine that over the summer there'll be health fairs, maybe some back to school fairs. So those will be optimal opportunities for partnerships as well, to be able to offer vaccines at those events. Because the nice thing about them is that they're typically in the community. And then the other thing is that those things have nice incentives to bring families out. And so families may be more apt to go to those types of events. So it'll be just another access point for vaccines.

Dr. Santana Wheat ([17:34](#)):

Absolutely. And then I'm hoping that all of us will sort of embrace our roles as the primary care clinician. And we'll start talking to our families in advance about this at the four month visit. Oh, you know when you come in two months, your child will be eligible for all of these vaccines, including the COVID vaccine. What questions do you have right now? That's what we've been doing so far for our four year olds, talking about when your child is about to be five. What questions do you have before you show up? And so I think now is the time to start having these conversations when we're having visits with all of our younger children that are within that six month to five year age range. And then also with our well health visits for our babies to start preparing families and start getting the questions answered in advance.

Dr. Christina Wells ([18:21](#)):

Yeah, I think that will also give us more time to deal with vaccine hesitancy too, and be able to provide something that will help to be a source or resource against maybe misinformation that parents have come in contact with. And so it'll allow opportunities to keep the conversation going and to be able to approach it in a way that is non-threatening and where parents don't actually feel that they're pressured to do it in those cases. So being able to, again, keep the conversations open, I think is going to be important.

Dr. Santana Wheat ([19:02](#)):

Absolutely. And then I think we'll all be sort of leaning on our operations teams to help make sure that the flows make sense. And even for those who are unable to provide the vaccine at their clinic to have a clear place of where they can direct their patients when they want it.

Dr. Christina Wells ([19:18](#)):

I wanted to ask you too, because I think one of the ways that we can, because in some cases we'll have the opportunity to really talk to maybe parents over several visits, but in some cases it'll be that visit. So have you guys done anything in your clinic to make this a team approach, where everyone in the clinic is on board and connected? So when the nurse is in and she's doing the vitals or doing the intake or the MA's in and doing those things, that everybody's sort of onboard and recommending the vaccines?

Dr. Santana Wheat ([19:59](#)):

I don't know if I can say that absolutely everyone is recommending the vaccine, but we've been trying to share the same training to every level. So everybody has the information. That everybody is prepared to answer those questions. But absolutely in the vitaling process of, are you interested in getting the COVID vaccine while you're here today? Do you know that we offer it, is absolutely part of our workflow so that it should not be the first time our patients are hearing it when their clinician comes into the room. And then just providing multiple opportunities for that to happen.

And again, as you were mentioning, not forcing anybody to get this vaccine, but just providing the opportunities for access, providing the opportunities to answer questions. How about you, have you started thinking about that within your clinic? I know that you said it's not always happening in the visit, but ways to help direct your patients to those vaccines?

Dr. Christina Wells ([20:49](#)):

Yeah. We're not doing that, but I think that it would be something just to be able to provide information, so that all staff at least understood on a basic level. If parents were asking maybe some simple questions or even if they didn't understand, as you were just saying, being able to direct them to the provider, the physician, or to be able to have some sort of other resource that they could pull up that the parent maybe even can be reading or looking at while they're waiting on the visit to come. So I think this is all going to take us to think about new and different ways of how we can approach it so that we can, because it may not be one size fits all. And so we're going to have to think about how do we have varying different resources so that we can be able to be effective with our different patient populations and our different parents and being able to provide the resources needed.

Dr. Santana Wheat ([21:51](#)):

I think that sounds great. Any last thoughts that you have about our vaccines for our age five to 11, or those coming in the next few days for ages six months to five?

Dr. Christina Wells ([22:04](#)):

No, I'll back to what we were talking about earlier. And that's just, some of this can be very, if it's overwhelming for us, it's going to be overwhelming for our parents. But just being honest with patients, really just having resources and understanding that if a parent asks something, even if you don't have the answer right at that moment, to be able to step out the room and bring the resource back and be able to provide information to parents. I think this is one of those- we know the information is forever changing with COVID. And so just understanding that we're going to need support ourselves in how we roll this out. Keeping conversations open, I think is also very important so that we can be able to help parents understand the importance of vaccines as a part of keeping their children safe and healthy.

Dr. Santana Wheat ([23:05](#)):

Thank you so much for that. And I will just say that I am very excited for the next few weeks and months, knowing that we'll have availability for vaccines that our parents have been waiting for and hoping that we're able to help support them in having their children vaccinated. Having those who are five to 11, who are not yet vaccinated, consider the vaccines or consider their boosters at this point. And hopefully this will help us in this fight against COVID. Thank you so much for joining us. And I hope they'll join us in other sessions.