



How Will Society React to Childhood Vaccination Under COVID-19 Pandemic

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SUSSEX COUNTY, NJ — More than 3.1 million children have tested positive for COVID-19 during the pandemic, according to the [American Academy of Pediatrics](#). According to the U. S. Centers for Disease Control and Prevention, 10% of COVID-19 cases in this country have been among children ages five to 17.

While the available data indicates that COVID-19-associated hospitalization and death is uncommon in children, these events do occur. For example, [the CDC reported that through January 27, 2021, 203](#) COVID-19 deaths in the United States involved people under the age of 18.

[The CDC also reported](#) "Based on the data available, in-person learning in schools has not been associated with substantial community transmission."

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A February [update](#) by the U.S. Centers for Disease Control and Prevention or CDC also maintains that children under 18, representing nearly a quarter of the U.S. population, can spread the virus to others even in the absence of symptoms. As a result, some experts have [stated](#) that it may be necessary for children to be vaccinated if society is going to reach an appropriate level of herd immunity.

Whether parents will elect to have their children vaccinated for COVID-19 is a personal choice, one that may be influenced by social attitudes toward vaccination in general or to the COVID-19 vaccine specifically.

[Gregory Zimet](#), a clinical psychologist at the Indiana University School of Medicine, has spent nearly three decades studying social attitudes with respect to childhood vaccination. Based on that experience, he provides a non-medical perspective regarding what may occur as COVID-19 vaccines are made available for the younger members of society.

Q.) Do you believe that experts will push for the vaccination of children all the way down to a very early age?

A.) I think they will. Some of the pharmaceutical companies are looking at recruiting for trials down to age five or six. In fact, there are reportedly plans eventually to evaluate safety and immunogenicity (the immune response) of some of the COVID-19 vaccines in even younger children and infants. But these clinical trials will only take place after the vaccines are evaluated in older children and adolescents.

Q.) What will be the driving medical justification for vaccinating children for COVID-19?

A.) I think about two dimensions of vaccination. One is personal health and the other is the public health benefit. With COVID-19, we hope it has both. We know it has personal health benefits - severe disease and hospitalization and death is rare among children, but it's not unheard of. So there certainly would be a personal health benefit for children. The other is the public health justification. If we want to get back to some semblance of a normal life, we need as many individuals vaccinated as possible.

Q.) Have any of the approved vaccines been tested in children yet?

A.) Both Pfizer and Moderna, by this summer, should have quite a bit of data on ages 12 through 17.

Q.) When you look at a vaccine for children, are you looking for something different than you're looking for in adults?

A.) For the younger age groups, they may not be looking at symptomatic COVID-19, because it is relatively rare. My guess is they'll be looking at immune markers. Are these children responding with the right kind of immune response that's comparable, identical, or maybe even stronger than what they see in the adults.

Q.) What advice would you give to parents considering enrolling their children in a COVID-19 vaccine trial?

A.) It's a tough question. They're really important trials to undertake. I see no reason for parents to be unduly worried about it, but I think it a parental decision to be made in a shared fashion with their child.

Q.) What learnings can you apply from your experience with respect to how many children will get vaccinated?

A.) There are going to be some typical predictors. People who recognize that the disease is real and potentially quite damaging are more likely to be in favor of vaccination. Those who believe that the vaccine is effective and safe are more likely. But with every other vaccine before COVID-19, it took quite a few years to develop. With COVID-19 vaccination, there wasn't that easy demarcation. Before we knew it, we had a vaccine. It blurs the line between the research and the clinical delivery. I think we will have a degree of distrust

Q.) If you had to guess, how many children will get vaccinated?

A.) I wouldn't be surprised if it's 70%. I think it's going to take a while also. Everything depends on how it's delivered and how information is communicated, where are they going to get the vaccine, will it be a pediatrician or family physician who they trust? We know that the way healthcare providers recommend the vaccine has a huge impact on whether it's accepted or not. And I think that's probably going to be true with COVID-19 vaccination.

Q.) Based on what you've seen so far, what will the provider response be when it comes to the vaccine for children?

A.) It's hard to say. My hope is that with the severity of this pandemic, that we won't see reluctance of healthcare providers to make strong, accurate recommendations for this.

Q.) The message could be to vaccinate children to help prevent the spread to adults. Will they?

A.) Based on the research that we've done altruism is not a big driver. Parents want to protect their children. Is this going to help my child? It doesn't hurt to bring in the idea of community immunity, protecting others, but their motivation is to protect their child. It makes sense to talk about how it's going to protect the grandparents, parents, and the aunts, and uncles, and their teachers. As well as that notion of getting back to normal.

Q.) Is it possible mass vaccination sites will not be welcoming to children?

A.) I have some skepticism. But I've also become very humble in the process of the COVID-19 pandemic. It may be that I'm wrong and they will be flocking to stadiums.

Q.) Do you think there's any chance they'll have a vaccine before the start of the school year in fall 2021?

A.) Yes, I think it's possible. A few months ago, I would have said no way. But I've seen a number of people predicting that there's a reasonable possibility of one or two of the vaccines being licensed for down to age 12, by maybe even August. But that creates problems.

Q.) What problems?

A.) The current guideline for the Pfizer vaccine is that no other vaccine should be administered two weeks before the first dose up through two weeks after the second dose. That is a minimum of seven weeks. For the Moderna vaccine, that's eight weeks. The anxiety that a lot of pediatricians have is that July and August are the primary months when the other adolescent vaccines are administered. There's a lot of scrambling if one or two of the COVID-19 vaccines becomes available for children in August. We better be encouraging parents and providers to administer other vaccines in May and June. But, given the world as it is, chaos will prevail.

Q.) The development of a COVID-19 vaccine took such a short period of time. Can you look at this development effort as a template for the development of other vaccines going forward?

A.) Yes. I think some of the new biotechnologies, the mRNA vaccines, are remarkable because we've never had that particular technology. And, I think it's something that can be applied in terms of other vaccines, but also medicines. I think it would be exciting to see vaccine development infused with more energy. There are an endless number of pathogens.

Note to reader. This article does not offer any opinion, advice or recommendation regarding any medical issue, including, but not exclusively, COVID-19 vaccination.

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