

**Virginia Department of Health Tele-Press Conference  
on Virginia's COVID-19 Vaccine Developments for 5-11-Year-Olds  
Moderator: Melissa Gordon  
November 3, 2021, 1:00 pm**

Coordinator: Welcome, and thank you for standing by. All participants will be in a listen-only mode until the question-and-answer part of the presentation. During that time, if you'd like to ask a question, please press Star 1 and record your name when prompted. As a reminder, this call is being recorded. If you have any objections, you may disconnect at this time. Now, I'd like to turn the call over to your host, Melissa Gordon. You may begin. Thank you.

Melissa Gordon: Thank you. Good afternoon, and thank you all for joining the call today. My name is Melissa Gordon, and I'm a Public Information Officer with the Virginia Department of Health Office of Communications. Today, we're joined by Dr. Danny Avula. He will give a brief update on the latest developments with the COVID-19 vaccine.

Today's call is being moderated by an operator. So, when we get to the question-and-answer part of the call, please follow their instructions to ask a question. Now, I'd like to welcome Dr. Avula to share a brief update.

Dr. Danny Avula: Thanks, Melissa, and good afternoon, everybody. As you've no doubt heard, the CDC last night adopted the recommendation to move forward with the two-dose Pfizer vaccine for kids ages five to 11. We've been anticipating this for some time. Obviously heard the news from the FDA last week, and we were waiting on both the CDC's advisory committee, the ACIP, and ultimately the CDC to adopt that recommendation.

All of that happened last night. And so, now as a State, we are moving forward with our five to 11 rollout. And let me just say, we - Virginia has done an amazing job so far. You look at the eligible population up until today, you know, our 12 and up population, 73.5% of that population has been fully vaccinated.

And so, now we have the opportunity for - to open up to another group and ensure that they can both be protected, and that we can add to our overall community protection through the vaccination of five to 11-year olds. So, that starts today, and there are locations all over the State that have received vaccine already.

We have plenty of vaccine coming. So, in total, 377,000 doses that will be - that have already been - started to be delivered starting on November 1st, and will be delivered in Virginia this first month. About 252,000 of those doses are coming to doctors' offices, health departments, other types of community providers, or community vaccination centers.

And then 125,000 of those doses will be coming to pharmacies through the Federal Retail Pharmacy Program. And so, you know, this news is brand new. The doses are being distributed and delivered in all of those different location types over the course of this week. We are adopting new registration systems that went live yesterday and will take - there'll be a little variability with each provider and how quickly they can get those up and running.

But, you know, that total number, 377,000 doses, is more than half of the eligible population in Virginia. We have about 723,000 five to 11-year olds

who are newly eligible as of today. And so, to have more than 50% of that vaccine available to us in this first week, is great news and we will continue to receive more vaccine each week moving forward. So, I really have no concerns about vaccine availability, about supply, and it really will just be a matter of, you know, people being able to look on the Web site, make appointments, and that should all happen over the next few days.

The other thing we've really paid attention to in the vaccine rollout is the distribution of that vaccine, because obviously as we've seen over the course of the last year, that we have different uptake rates in different parts of our State.

And so, we really patterned our distribution after the 12 to 15-year old uptick, and we did the distribution of vaccine to those communities that have seen higher uptake numbers in those populations. So, that will all play out over the course of this week.

And, you know, the last note I'll make is really about the why behind this vaccination. You know, we have really encouraged vaccination for the 12 and up population because of the individual safety, you know, the protection against severe consequences of COVID for community safety. And that is no different for the five to 11 population.

I think as a pediatrician, as a parent, I and I think a lot of other parents have asked the question, like does my younger kid really need to be vaccinated? Because what I've heard throughout is that this is a fairly mild disease for young kids, and that's true. There's no doubt about the fact that younger kids are not seeing a lot of severe disease.

That changed a little bit with the onset of Delta. And so, really at the end of June and moving into July and August when the Delta variant became the dominant strain, we saw a fivefold increase in pediatric hospitalizations. And so, a lot of that was just that the Delta variant was so much more contagious, and we had so many more pediatric infections that resulted in a higher degree of severe disease.

But we should also remember that while most kids who get this are not going to get severe disease, that it's not a completely harmless disease process. And even in the State of Virginia alone, since the beginning of the pandemic, we've had just shy of 1,000 kids hospitalized. And sadly, we've lost 10 of those children.

And so, you know, there is still a clear benefit to keeping our kids safe, and the reason why we would want to provide this vaccine to that five to 11 population. We looked to both the FDA and CDC to do a really thorough review of the clinical trial data, and it clearly pointed in the direction of a benefit to individuals, a benefit to community, because we know that younger kids also drive a lot of community spread.

And so, vaccinating five to 11-year olds will limit the overall degree of spread that we'll see. And then there are other practical reasons, you know. So far in the first couple of months, we've seen a lot of kids have to be quarantined, kept out of school for somewhere between 10 and 14 days.

And when kids are fully vaccinated, they no longer need to be pulled out for quarantine. So, lots of different reasons, but really the primary ones being the

safety and efficacy in young children that's been established through the data. So, let me pause there and see what questions arise for you all.

Melissa Gordon: Thank you for that update, Dr. Avula. Before we begin the question-and-answer portion of today's call, I'd like to remind everyone that our call is focused on the latest developments with the COVID-19 vaccine. For questions regarding other topics, please email them to the VDH communications office. Contact information is available at [VDH.Virginia.gov/news](https://www.vdh.virginia.gov/news).

Please remember to limit your inquiries to one question and one follow-up per person to allow time for everyone. Now, we'll begin the question-and-answer portion of today's call.

Coordinator: Thank you. If you'd like to ask a question, please press Star 1 and record your name. And if you'd like to withdraw your question, please press Star 2. One moment to see if we have any questions. Our first question comes from Amie Knowles. Your line is open.

Amie Knowles: Hey, Dr. Avula. Thanks for taking our questions. You're just heading towards the new registration process. I was just wondering if you could elaborate on that. Like is that something through Vaccinate Virginia, or do you call your private doctor's office or what?

Dr. Danny Avula: Hi, Amie. Long time, no talk. Yes, the VASE system is what we have been using for our State-run clinics. And so, we just added, you know, over the last couple of weeks, because we knew this was coming, added that module to be able to register kids to five to 11.

And we needed to create a different pathway because the five to 11 vaccine is a slightly different formulation. It's not just a different mix of the vaccine we've had so far. It's a different mixture that is being distributed through a separate pathway. And so, to make sure that the providers have that formulation on hand, we needed to create a separate pathway for registration in that existing VASE system.

Now, doctors' offices and pharmacies will continue to use their standard registration process. So, thank you for making me clarify on that. So, a lot of the systems that people will be accessing will be the same that they have throughout, but for the health departments and the community vaccination centers that are using the VASE system, that's the new registration pathway. But everything will still run through [vaccinate.virginia.gov](https://vaccinate.virginia.gov).

Amie Knowles: Awesome. Thanks. And then as a follow-up, I have never met a child who was happy to get a shot. So, is there anything that you might suggest as a good talking point or incentive for the kids that are hesitant?

Dr. Danny Avula: Yes. You know, obviously, the younger the age group, the less this becomes relevant. I think for our older kids, they have seen and lived through the impact of this. And so, I think being able to frame this in, hey, this is important for you to both protect yourself, to protect your classmates and your friends and your grandparents, since they're going to get to spend time with, I mean, really helping them understand that they're getting vaccinated to help protect other people, is going to be really important.

And yes, I don't know. You know, at that younger age, I'm not sure there's a lot

of logic that you can use that to help them understand. But, you know, some - a lot of different providers have just done the little things to try to make it easier. Like they've, you know, made sure that there are mascots or coloring books or other like little giveaways. And so, you'll see that at a bunch of different events for five to 11-year olds.

Amie Knowles: Awesome. Thank you.

Coordinator: Our next question comes from Sabrina Moreno. Your line is open.

Sabrina Moreno: Thanks so much for taking our questions. So, there's some concern that misinformation could spike as the vaccine rollout among this age group begins. And I was wondering if that's a concern among the Virginia Department of Health. And if so, what are kind of specific efforts underway to curb the misinformation or kind of target that misinformation?

Dr. Danny Avula: Yes, Sabrina, it is - yes, this has been such a core issue for the vaccination effort really since the beginning, and especially when we moved from the high demand phase to, you know, trying to work through distinct populations where we were seeing a lot of hesitation about uptake.

I think that will continue, right? I mean, we saw the emergence of concerns around things like fertility or long-term effects. And I think that's even more of an issue in younger kids. And what we've seen through national surveys and just in kind of our anecdotal conversations with parents, the health and safety of their kids is of utmost importance.

And so, without a doubt, we will need to increase our communications about

both the safety and effectiveness and what went into these trials, but then also address kind of these core looming concerns about long-term safety. Our communications contractor has developed a whole suite of materials that we'll start seeing out this week, and that will address some of those.

But, you know, as we've seen at every step of the vaccine rollout, this all comes back to like trusted messengers and trusted voices. And so, this is a big part of the reason why we leaned heavily into pediatricians, because we know that for families, pediatricians are the ones who have that trusted voice as it relates to health outcomes.

And so, parents will have the opportunity to talk through those concerns and make sure that they get their questions answered. And then we will continue to work through our community health workers, through our outreach, through trusted partners, to try to address whatever elements come up.

We also - and I don't know if we've mentioned this on a previous call, but we do use a service called (Alpha View), which kind of monitors social media and gives us themes on a weekly basis of things that are popping up, like new messages, new concerns. And so, that'll help us give us, you know, real-time insight into what misinformation, disinformation is emerging, and where we have to lean in with helpful messaging and the right trusted voices.

Sabrina Moreno: Yes, thank you for that. And my follow-up question is, you know, we've seen a lot of tension between governors and public health departments in Republican-run States where health and politics conflict heavily. With a new Republican administration coming in, how might this transition affect the ongoing vaccine rollout in 2022?



Dr. Danny Avula: Yes. Well, yes, we'll have to see. We really don't know at all at this point how that will play out. I mean, you'll have to trust that every administration is going to do what's in the best interest of Virginians. And so, we'll see what comes and how we kind of navigate the public health guidance and the current context of the virus. But yes, we'll see what unfolds over the next couple of months.

Coordinator: Our next question comes from Elisha Sauers. Your line is open.

Elisha Sauers: Hi, Dr. Avula.

Dr. Danny Avula: Hi, Elisha.

Elisha Sauers: How are you?

Dr. Danny Avula: Good.

Elisha Sauers: My question was going to be the same as Sabrina's on having a new administration and how that might impact vaccine distribution or a pandemic response. So, I'll just sort of piggyback on that with some follow up questions. What - generally speaking, like what would the transition look like? I assume there would be some sort of a transition team. Would there be members of VDH involved in that or in particular, like you or other folks who have been overseeing vaccine distribution involved?

Dr. Danny Avula: I would guess that will come at some point. I know the governor is meeting with the governor-elect today. And so - and I don't know anything more about

what that transition process looks like. So, I'd really point that towards the governor's office and Alena Yarmosky in particular. But yes, at this point, the - obviously the election just happened yesterday. So, don't have any clarity on what that transition is going to look like.

Elisha Sauers: And then just one more follow-up on that. What right now is part of the COVID response, Virginia's COVID response, that is being specifically directed by, like, the governor's office that could potentially be subject to change with new leadership?

Dr. Danny Avula: I don't - I mean, there hasn't been any reason for me to be concerned at this point. I think that we really have - the science around vaccination is well-established, and we have had incredible response from the people of Virginia. We already have lots of demand around the five to 11 rollout. And I think as long as the data continues to show that vaccination is helpful and safe and important to keep Virginians safe, that we would continue to prioritize those efforts.

So, there's nothing that feels like an area of concern for me, and we will continue to get as many Virginians vaccinated as we can over the next two months and beyond. I mean, you know, so I think to your question about what will a new administration bring, we won't know any of that until the new administration is here. But nothing changes between now and then, and I don't expect much to change as it relates to the vaccine rollout even then.

Elisha Sauers: I guess I was more specifically asking just to clarify about the powers of the governor's office and what, if anything, in the COVID-19 response, is being

directed from an executive level that could be potential things that could change with a new administration. I'm speaking more like powers.

Dr. Danny Avula: Yes. Again, would probably divert those to the governor's office. I just don't - you know, our role at the vaccine unit has really been about the implementation and logistics of the vaccination effort, and there hasn't necessarily been a kind of policy background that has impacted that significantly, I mean, outside of the directive to get as many people vaccinated as possible.

So, yes, I'm not quite familiar with where else that might shift, and I think we probably need to divert that question to the governor's office.

Elisha Sauers: Thank you.

Coordinator: Our next question comes from Jenna Portnoy. Your line is open.

Jenna Portnoy: Hi. Thank you, Dr. Avula. I know you sort of were asked this, but just so I understand, a lot of folks are sending people to [vaccine.gov](https://www.vaccine.gov). The five 11 category isn't even like a little box yet to click on. So, and if you go to [vaccinate.virginia.gov](https://www.vaccinate.virginia.gov), there are plenty of places where like no options come up at this point.

So, you know, obviously, parents are like already getting frustrated and like sort of very eager, a segment of them, to get their kids appointments. Should they like do what everyone seems to do when vaccines are first available and sort of like call everywhere and check everywhere, or is there like a clearinghouse at this point?

Dr. Danny Avula: Yes. You know, our hope was to have like - so, the - on [vaccine.gov](https://vaccine.gov), which is the CDC's site, they were hoping to turn that on this morning. I would imagine that will happen sometime in the next day or so. We're also directing most people to [vaccinate.virginia.gov](https://vaccinate.virginia.gov).

And as I said earlier with the VASE updates, we will start to see that availability pop up over the course of the next few days. I mean, I think the options at this point, right, like one, is to just watch and check periodically and see when that pops up on [vaccinate.virginia.gov](https://vaccinate.virginia.gov).

Many pediatricians have been prioritized to receive the vaccine, and that started happening a couple of days ago, and will continue over the course of this week. And so, you can always reach out to your pediatrician's office, if you have one. And similarly, you can reach out to pharmacies.

What I'm hearing is that pharmacies were - are included in the second wave of this first week. And so, really likely by Saturday, we'll see appointments popping up, and a lot of large pharmacy chains that are receiving vaccines from the Federal Retail Pharmacy Program.

And then if you live in a community where one of those community vaccination centers exists, so the nine sites around the State, we have a couple in Northern Virginia, Fairfax, and Prince William County, a couple in Eastern Virginia, and Norfolk, and Hampton, Richmond, Blue Ridge, Chesterfield, Roanoke, and Fredericksburg.

So, if you are in or near one of those communities, they will start to receive

and administer five to 11 vaccine at some point this week as well. I mean, I know the one in the Richmond area should be ready to go by tomorrow, but there may be a little bit of variability depending on when that vaccine actually gets delivered, and I don't have the latest up-to-date information on that.

So, you know, what I would say in general, just to reassure everybody is that, again, we have 377,000 doses that should be delivered by November 9th. So, really like this first week of the rollout. Different providers are, you know, building their registration pathways for that, and we should see those appointments start to pop up in the next couple of days.

And I know some already have. I've already heard that some people have been able to make appointments already. So, I really do think the supply is going to more than meet the current demand for five to 11s in this first week. It just may be a couple of days before you see the appointment availability pop up, but it really should come very shortly.

Jenna Portnoy: Okay. And just a quick follow-up on that. The CVCs, are they going to be walk-ups?

Dr. Danny Avula: We are really asking people to make appointments, and that will be done through that VASE system, through [vaccinate.virginia.gov](https://vaccinate.virginia.gov). But all of the CVCs are taking walk-ups as well. And so, the only caveat here is that if you try to walk up and they can't accommodate you, then they will make an appointment for you at a future date.

But we're really driving people for appointments, especially for the five to 11s, because we will probably - if the demand exceeds supply, we'll need to

do some adjustments and moving of the doses. So, if you're a parent and you're trying to get your five to 11-year olds vaccinated at a CVC, your best option is to wait till the VASE system pops up on [vaccinate.virginia.gov](https://vaccinate.virginia.gov) and make an appointment. And then, you know, there'll be some variability about walk-in availability.

Jenna Portnoy: Got it. Thank you.

Coordinator: Our next question comes from Leanna Scachetti. Your line is open.

Leanna Scachetti: Hi, Dr. Avula. Just a quick question for folks who may not have been following necessarily the trials. Just wanted to know more about the doses themselves. Could we expect children maybe to see similar side effects as we're seeing in adults who had the Pfizer vaccine? And are they - are those two doses spaced out the same as the adult doses?

Dr. Danny Avula: Yes. So, the doses are - it's a third of the dose of the adult, though. So, instead of the 30 microgram adult dose of Pfizer, it's 10 micrograms, which is why it's a different mix and a different color bottle, and it's really to logistically ensure the best safety in delivery of that vaccine.

And they are spaced at the same timelines. So, 21 days is recommended, and that that interval can go as much as 42 days. So, again, that second dose doesn't have to happen on the 21st day. So, those - that timeline is the same. And then to the question of side effects, what was seen in the clinical trials for five to 11-year olds were largely consistent with the side effect profile that we've seen in older children in the 12 to 15 trials, except less severe and less frequent.

And so, you know, kids just - yes, generally aren't going to have significant side effects from vaccine. And I think the - just to anticipate kind of the next question around myocarditis and pericarditis, remember that that side effect was something that popped up for young - for adolescents.

There were no cases of myocarditis pericarditis that were seen during the clinical trials for five to 11-year olds. But remember that that took the scale of millions to fund, because it was such a rare side effect. And so, while the clinical trials saw zero cases, and we should definitely be reassured by that, and it's less common in younger kids, you know, we'll have to continue to follow the data as more and more five to 11-year olds, and we will do that, right?

We have really robust surveillance systems in place and we'll continue to look for safety signals around things like myocarditis for the five to 11-year old population.

Leanna Scachetti: And I know you touched on this a little bit with the adolescents, the 12s and ups, and kind of learning how to weight the distribution from the - delivering the vaccine to that age group. Are there any other lessons learned specifically for vaccinating the tweens and teens that you have gathered over the last several months that you are also applying to the younger population?

Dr. Danny Avula: Well, it's a little bit different in the sense that, you know, this is so much more dependent on the parent making the decision. I mean, obviously, parents were required to make decisions and provide consent for adolescents. But, you know, just as a parent of adolescents, I allow my adolescent a little more

agency to decide whether they were going to do this or not. And, you know, maybe less so in my household.

But, you know, talking to other parents, you know, a lot of teenagers made the decision themselves. And so - and then just the parents had to consent for it. Here, I think younger kids just aren't necessarily going to have thought through this or even understand it as well.

And kind of to the answer that I've provided to the earlier question, I think for parents who want their children vaccinated, that same frame is really important to that, hey, this is both to protect you, but also to protect your community and to make it more possible for us to be out, to be in public and to see our elderly grandparents, and all of those other benefits that we have seen through vaccination. So, that's more on just like the communications and the value proposition that parents might convey to younger kids.

The learning - logistically really, we looked at that 12 to 15 uptake. We weighted our distribution according to that. And then we also looked at the timeline for that uptake because, you know, even though we've done fairly well with adolescents, I think, we're, I don't know, 65 or so percent, I need to double-check that number, for our adolescent population, that didn't all come in the first week or two.

And so, you know, knowing that, and I think that's going to be even more pronounced with the five to 11 population, where there is a smaller group of parents who are eager to do this at the very beginning of the vaccine rollout, more parents who are interested in just seeing, you know, what happens? Are there other side effects that we see once we get to a larger scale?



So, all that to say, that reality makes me less concerned about the logistics of the rollout and not having enough supply to meet the demand. It does just mean we're going to have to continue to engage parents through pediatricians and through our community efforts around the importance of this vaccine.

Leanna Scachetti: Thanks, Dr. Avula.

Coordinator: Our next question comes from Lindsey Kennett. Your line is open.

Lindsey Kennett: Hi, Dr. Avula. Thanks for taking questions. My first one is about the potential for clinics at schools. Is that going to be a possibility, whether it's going to be during the school day or after hours, like a sort of mass vaccination clinic there?

Dr. Danny Avula: Definitely will be. We have been engaging school systems over the last few months, just kind of keeping them in the loop and preparing them for this reality of vaccinating five to 11-year olds. It's been a little bit of a balancing act, Lindsey, because I think that, you know, our schools, we've just - they've had so many demands on them in the midst of this COVID response, in terms of, you know, returning to school, trying to operationalize all the mitigation efforts, having - playing huge roles in the case investigation and contact tracing, in conjunction with local health departments.

And so, you know, I totally understand that so many of our schools feel like, we just don't have the personnel or can we give - or we can't give up the instructional time to do in-person during school hour vaccination. Now, there may be a few schools that do that. It's really left up to the local school division

to either partner with their local health department or to work with contracted entities that are available for this kind of one-off vaccination.

So, there may be some schools - I've got a meeting later this week with superintendents, so I'll have a little bit more of a sense of that towards the end of the week. But we also know - you know, I'll just share our experience locally in Richmond. We know that our school systems are really motivated to provide vaccination on-site. And so, we're looking at models where we can set a schedule of clinics after hours or on weekends at school sites.

So, we take advantage of the familiarity, the fact that parents feel comfortable with schools and know them and know the people, but we're not impinging on instructional time. So, yes, there will be lots of examples of school-based vaccinations across the State, and they will just vary based on the community and the different needs and resources in each locality.

Lindsey Kennett: Okay, thank you. And my second question is sort of about the distribution of shots. I guess, you know, can you talk a little bit more about that? Is it going to go to every like pediatrician's office in the entire State, or - and that sort of thing? And how you allocate based geographically. I know you said that it's based on community spread. So, if you could elaborate on that a little bit.

Dr. Danny Avula: Yes. Not on community spread as much as the rate of uptake in adolescents. So, we basically looked at the 12 to 15-year old vaccine uptake as a proxy for what communities were going to - you know, could we expect to see higher demand in five to 11-year-olds.

And then based on that, we weighted the distribution. So, for example,

Northern Virginia, you look at the five localities in Northern Virginia, and they'll be getting a little more than 40% of the vaccine this first week, because that's what mapped to their to 12 to 15-year old uptake.

So, that - I mean, it was a pretty basic calculation because we had those data points from the 12 to 15 rollout and we were able to say, okay, in week one, here's how much needs to be going to each geographic area. Now, to the question of, you'd asked about like would it be going to all pediatricians' offices.

It's really up to the pediatric offices. Like we have been, probably since the summer, if not before, putting the message out to pediatricians' offices, saying, hey, you know, pediatric vaccines are coming. We'll really need pediatricians to help with this rollout. And it was interesting, you know, earlier in the fall, especially right after school reentry, our pediatricians were completely overwhelmed.

They were not only having to see patients and help get them caught up on the non-COVID vaccines that kids hadn't received over the past year, but they also were having to see patients for sick visits and clear them, you know, get them tested and make sure they didn't have COVID so that they could be cleared to go back to school.

And so, back in August and September, I think our pediatricians were like, hey, I'm not sure that we can take on this other layer of vaccination, which is why as a State, you know, and part of our preparation for the rollout, we recognized we needed to build additional capacity.

We wanted to make sure that pediatricians were prioritized, but we also needed to make sure we have these community vaccination centers and other kinds of mobile-contracted options so that if our pediatricians didn't have capacity, that there would be other options for families.

Now, what we've seen in the last month or so is that that volume has not completely disappeared, but it's gotten better for our pediatric community. So, we have north of 400 pediatricians that have registered to be vaccine providers. And then you add to that the family practice offices that also see kids, and then our free clinics and Federally Qualified Health Centers that also see kids.

And so, you know, there's a good portion of vaccine that's really being prioritized for that outpatient pediatric and family practice infrastructure. And then less so, that will be going to the other avenues. So, I think in total, probably like 35% of the vaccine is going to pharmacies, about 7% that's going to those community vaccination centers, and then a small percent that's going to health departments. And then the bulk of that, you know, probably somewhere around 50 to 60%, is really prioritized for doctors' offices.

Coordinator: Our next question comes from Skip Foreman. Your line is open.

Skip Foreman: Good afternoon, doctor. There is a strident portion of the population that will resist this effort at every turn. And as you're going about marketing this effort to vaccinate children, it would seem that you might want to target that part of the parent population, if you will, that won't take heed. Do you have any special ideas that you guys have been able to come up with based on the

recommendation to vaccinate children that will help reach those who may not be inclined to get it?

Dr. Danny Avula: It's a good question, Skip. And I think, yes, some of that is yet to be seen, right? I think we probably overestimate - well, yes, I was going to say, we overestimated the resistance that we would see for the adolescent population, but have actually - you know, our lowest vaccination rates are actually in young adults, so that 18 to 30 group.

And our 12 to 17-year olds have had pretty decent uptake, right, north of 65%. So, I think that we'll have to see what kind of resistance there is with this five to 11 population. Part of the strategy for parents, again, is to just reassure them through the experts that they trust. And so, that's why pediatricians are so important and vital to this effort.

Similarly, pharmacists, right? When you ask parents, where do they feel comfortable going to their - to get their kids vaccinated? It's pediatricians' offices and pharmacists. And so, those providers really play a crucial role in being able to reassure parents and help parents understand the value of this.

I think monitoring the ongoing data is something that VDH has always done, will continue to do and will continue to publicize, which is, you know, who's getting vaccinated, and on the flip side, what is the case rate and the hospitalization rate in younger kids?

And then there's kind of the more organic thing that I kind of described at the top of this, which was the practical benefit to parents as it relates to isolation,

or sorry, specifically quarantine of kids who have been exposed to COVID, and minimizing learning loss and missing school.

And I've already, just talking to friends who are parents in Northern Virginia, talking to pediatricians in Northern Virginia, there's already the sense that we absolutely want to get our kids vaccinated, both to protect them, but also because it's going to make this whole school thing a lot easier.

So, I do think that that will play into parents' decisions around the commonwealth as, you know, we get further into this winter. I expect that we'll continue to see some ongoing COVID activity and making sure kids are fully protected so that they can stay in school, will be a big motivator.

But, you know, other than that, I think we'll have to monitor what the uptake is, and then as we've done over the last year, identify those specific communities where we're seeing low uptake in, identify the right messengers, and then - and really lean into both of our marketing and our messaging, but also our leveraging of those voices on the ground to have credibility in those communities.

Skip Foreman: Right. And one quick follow-up. Will you be monitoring other States just to see how they're doing it and how they're navigating the effort to get five to 11-year olds vaccinated? And will that provide any guidance to the State of Virginia? Or are you on your - going to take it your own way and see how it works out?

Dr. Danny Avula: No. we've had a really great relationship with sort of the network of State vaccination teams across the States. I, for example, once a week, I'm meeting

with peers who are running the vaccination effort across the State. We're sharing ideas. We're sharing best practices.

My colleague, Christy Gray, who runs the Division of Immunization, and is really - you know, she's the brains behind this whole operation, she is connecting with a different network of colleagues through the CDC. So, there are multiple touch - and then she and I both do some of the regional work with the federal government.

So, there are multiple touchpoints for us to connect with what's going on in other States, and we certainly monitor it. You know, part of our weekly report out is a snapshot of uptake rates for our neighboring States and how are we stacking up? I think, you know, having a sense of what's happening across the country, has been a really important input at every stage of this effort.

Skip Foreman: Thank you.

Coordinator: Our next question comes from Kelsey Jones. Your line is open.

Kelsey Jones: Hi. Thank you for answering questions. So, I've been speaking with parents, and we have some that tell me that they are excited for this, but there are some who are just hesitant for it. And so, for those parents that are hesitant, I mean, what are just some things that you will want to share with them about this rollout?

Dr. Danny Avula: So, I think, you know, we've talked through this question in some different ways. One of the really helpful things I think the Advisory Committee on Immunization Practice did, when the original issue of myocarditis emerged,

was that they helped frame the risks versus the benefits at the population level, because, you know, people saw the media reports. They saw this emerging concern of myocarditis.

But I think it was really important to know just how common is that and how much of a concern should it be for parents? And how does that impact like the why behind whether a parent should have their five to 11-year old vaccinated? So, the first thing I would point to is that while the vast majority of five to 11-year olds who contract COVID have very mild disease, that it's not completely harmless.

And we have seen that in hospitalization rates, in the emergence of more severe disease with the Delta variant over the last few months. And we've seen that in the fact that we have lost 10 kids to COVID in the State of Virginia. We also know that - and maybe I'll come back to that risk framing for myocarditis for the older sort of young adult and adolescent population.

And when the Advisory Committee on Immunization Practices gathered all of that data, they determined that if we were to vaccinate a million people, we would expect to see somewhere between 35 and 45 cases of myocarditis. So, a pretty rare occurrence, 35 to 45, out of a million, but exists nonetheless, and is why that needed to be reported and we needed to let parents know about that.

But on the flip side - so that's the risk side. On the benefits side, the vaccination of a million people would result in the prevention of 11,000 cases of COVID, over 500 hospitalizations, 120 ICU admissions, and six deaths. And so, that's the kind of data that the - that our federal bodies are using to determine the benefit versus the risk.



But I also think it's helpful for parents to see, okay, that puts things in perspective for me. I can see the risk of myocarditis is fairly small as it relates to the benefit of preventing hospitalization and deaths. And so, I know that that is more difficult when you're looking at an individual parent trying to make a decision about an individual child.

But that is certainly how my wife and I have thought through this with our own kids is really by weighing that risk benefit, knowing that if I have this vaccine that can prevent what are rare potential consequences of hospitalization and deaths, but, you know, the risk of a severe adverse event is also extremely rare, that really has helped us to say, yes, we want our kids vaccinated.

And we've got five kids. Four of them have already been fully vaccinated. And now that our nine year old can, we'll be taking her this week as soon as we can get an appointment.

Kelsey Jones: Thank you.

Coordinator: Our next question comes from Ian Monroe. Your line is open.

Ian Monroe: Hey, good afternoon. So, I was just wondering if there's any thought on, you know, around here in Harrisonburg and Rockingham, we've got, just like so many other parts of the State, some folks who have, you know, resisted vaccination or just been on the fence about it, worried, vaccine hesitant. Is there any thought that maybe even some younger kids may have kind of a reverse effect that if they say to their parents they want to get vaccinated, that

it could get some parents on the fence vaccinated? Is that, you know, within the realm of possibility in the VDH's view?

Dr. Danny Avula: It's interesting. There have been efforts like that with different topics. I think recycling is a big one where there's a big push to educate kids around recycling, and that resulted in increased parental awareness about the importance of recycling. But I think with health matters, it's a little bit different.

And some of that, again will happen organically, particularly with adolescent kids where they're talking, they're thinking about this. They're talking with their peers. But, you know, as an agency, we're really going to focus on educating parents well around this and helping them understand.

You know, I do think for some parents, the framing of protecting our kids will be a big motivator, whether or not the parent has been vaccinated. And so, here's an opportunity because many of these sites, pharmacies, certainly doctors' offices, our community vaccination centers, are offering both.

You can take your child to get vaccinated, but then you can go and either get your booster dose, if you haven't done that already, or you can go and get your initial dose. So, I think some of that will happen, you know, as parents have - as the vaccination rollout has continued, parents have seen the continued safety and impact of vaccination, and are choosing to do that for their kids.

But not - it's not going to be a part of our strategy to address this at five to 11-year olds without engaging their parents.

Ian Monroe: Fair enough. And I just wanted to ask too - oh, of course it's gone and now I can't find the piece of paper it was written on. Well, no, it's not worth it. Hey, thanks, Danny. I appreciate it.

Dr. Danny Avula: Thank you. Bye.

Melissa Gordon: And we have our last question for the day next.

Coordinator: Our last question comes from Tom Lappas. Your line is open.

Tom Lappas: Hi, Danny. I was a couple of minutes late here jumping on, so apologies if you mentioned this already, but how many kids are there total Statewide in that five to 11 age range?

Dr. Danny Avula: 723,000.

Tom Lappas: And you talked about - yes. You talked about maybe 65% of the 12 to 17-year old group that's been vaccinated, I guess, over the roughly six, seven months. What kind of realistic target goal do you have for the five to 11-year old group over the next, say, six months, if you have one?

Dr. Danny Avula: I should know that. We did actually set a goal. I think the answer is 65%. I need to check our weekly document and make sure that's right. Or if maybe one of my colleagues can jump in, but I think the goal there is 65% for our five to 11s as well. But I'll - let me confirm that later. I'll send you a note

Tom Lappas: Okay, thank you.

Melissa Gordon: And I want to thank everyone for joining our call today. There'll be an audio recording posted on the VDH Web site, as well as a written transcript. You'll be able to access these documents at [VDH.Virginia.gov/coronavirus/media-room](https://www.vdh.virginia.gov/coronavirus/media-room). Once again, if we were unable to answer your questions today, please email them to the VDH communications office. Thank you.

Coordinator: Thank you for your participation. This concludes today's conference. You may disconnect at this time. Thank you.

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