COVID-19 Action Initiative Virtual Roundtable: Increasing Vaccination Rates for Youth and Adolescents

American Lung Association.

Overview

On Oct 6, 2021, the American Lung Association hosted a Virtual Roundtable consisting of medical professionals, community members, school administrators, representatives from vaccine developers, communications experts and policy officials to discuss strategies for increasing vaccination rates for youth and adolescents. With over 115 years of experience as a trusted champion for accurate, impartial medical advice, the Lung Association is uniquely positioned to facilitate discussion from these experts and provide resources for community leaders to positively influence their constituents.

Context

The U.S. Food and Drug Administration (FDA) is reviewing a request to issue an Emergency Use Authorization (EUA) for the COVID-19 vaccine for children aged 5-11 years old in the coming weeks. If authorized, approximately 28 million additional Americans will be eligible to receive the vaccine, which is an opportunity to gain ground on national vaccination rates to save lives and help end the pandemic.

A study from the Kaiser Family Foundation reported that a third of parents will immediately seek out vaccines for their children and third of parents will be 'dug in' and will not seek a vaccine for various reasons, whether politically motivated or otherwise. The remaining third of parents who remain unconvinced or are in the 'wait-and-see' category are the target audience for vaccine messaging.

There is no one-size-fits all solution. Instead, individual community leaders must think deeply about how to empower their trusted messengers, including healthcare providers, with effective messages to overcome barriers to vaccination in their own communities, and advocate for policies for infrastructure to deliver vaccines in varied settings like schools and community centers.

5 key takeaways from the Virtual Roundtable on increasing vaccination rates for youth and adolescents:

1. **There is no one-size-fits-all solution** – Every community has specific needs, especially underserved communities who lack access to healthcare providers and have a historical distrust of science and government. Partner with local community leaders, activists, and policymakers for culturally literate messaging and solutions.

2. **The messenger is as important as the message itself** – The most trusted messengers are health care providers, like school nurses and pediatricians who can engage one-on-one with parents, kids and communities using personal stories, easy-to-digest science, and empathetic recommendations.

3. **Convenience is a powerful motivator** – Children returning to extracurricular activities and not requiring quarantine resonate more strongly than an appeal for general health. Different messages are needed for parents and kids- don't underestimate how influential kids are in the household.

4. **Improve access by improving healthcare infrastructure** – Not all schools have a school nurse, and not all communities have access to a healthcare provider. Advocate for policies to improve access to healthcare, partner with health care providers to make vaccinating the whole family convenient.

5. **Tell a compelling story with science** – Provide messengers with easy to digest scientific data so they can tell a story in personal context and fight misinformation. Storytelling is a powerful tool to empower parents to make an informed decision which can influence other parents to vaccinate.

Barriers to COVID-19 Vaccination

There is no one-size-fits-all solution – Every community has specific needs, especially underserved communities lacking access to health care providers and distrust of science and government. Some pharmacies are not comfortable vaccinating children, or parents prefer their children to be vaccinated by their pediatrician. Partner with faith leaders, activists, and policymakers for culturally literate messaging and solutions.

Inequities in healthcare infrastructure – While the vaccine has been available for adults for months through pharmacies, community clinics and primary health care providers (HCPs), many disadvantaged communities lack access to health care providers or nurses in schools, lack transportation to vaccination centers, or are hesitant to receive the vaccine due to a lack of culturally and linguistically appropriate information and care.

Lack of coordination – Convincing parents is challenging enough; have the vaccine "in your pocket" ready to go to make the process as convenient as possible. Every level of interaction must be aligned in vaccine messaging -doctors, nurses, administrators, volunteers. Some groups have had success coordinating "Mobile Vaccine Strike Teams" to host vaccine clinics at back-to-school night in underserved areas, vaccinating whole families at once.

Lack of trust in institutions – Many communities have a distrust in scientific information from state, local, or federal sources, misinformation from social groups and social media, and historical distrust in medical science. This is an opportunity to share information through trusted messengers using non-governmental organizations such as the American Lung Association or the American Academy of Pediatrics.

Combating misinformation – The spread of misinformation is faster than our collective ability to track and debunk it. Continually monitoring social media and other channels of misinformation helps to keep the finger on the origins of misinformation. Get ahead of misinformation by proactively providing accurate information and refer to online resources debunk common myths about the COVID-19 vaccine.

Trusted Messengers

The messenger is as important as the message – Generally, for parents and families, the most trusted messengers are primary health care providers, especially pediatricians and school nurses. Feelings of familiarity and truth are often linked – health care providers have years of experience building trust with families and can approach vaccination conversations in a non-judgmental, non-confrontational manner. Mass vaccination sites will likely not be as successful as personal experiences with a health care provider.

Know the audience – Messengers and messages must be customized to each audience. Understand the different concerns of kids or adults, students or staff/faculty/administrators- these messages must also be translated, both literally (language) and figuratively (culture). Not everyone has had access to the same health information, so don't skip the basics of COVID-19 vaccine information. Parents who are hesitant to vaccinate their kids might not be vaccinated themselves, so there is an opportunity to vaccinate both. There is also a need for additional guidance for parents of kids who may be at higher risk for COVID-19 due to existing medical conditions.

Build a network of community partnerships – Tap into community groups and their leaders such as faith leaders, Boys & Girls Clubs, YMCA groups, and trusted political figures. They will best know the needs of their constituents and have already established trust with these groups and can provide critical insight into some frequently asked questions or concerns from parents.

Lean on trusted champions – Visit the American Lung Association website for the 'Better For It' Vaccine Toolkit or the American Academy of Pediatricians' COVID-19 resource for a wealth of information to support messengers. Think of innovative approaches – who are the influencers for those specific communities? Perhaps connecting with country music stars or NASCAR can bridge the cultural gap.

Realistic Messaging

Convenience is a powerful motivator - While the most obvious reason to vaccinate children is to reduce the risk of infection with COVID-19 and potential spread, the desire to "return to normal life" such as extracurricular activities, sports or clubs resonates strongly for both parents and children, as well as not requiring quarantine after an exposure- enabling children to stay in school and parents to work uninterrupted.

Appealing to the greater good – With the EUA for ages 5-11, 28 million additional Americans will be eligible for the vaccine. A study done by the Kaiser Family Foundation found that a third of parents will immediately vaccinate their kids, which will protect other family members, friends, and school staff/faculty, and also help the nation catch up to vaccination goals. For years, vaccines for many diseases have been recommended for children and are mandatory in many school systems. Parents who are vocal about vaccinations may encourage others to act as well.

Address common concerns – Parents are concerned with potential long-term effects and serious side effects of the vaccine. At this time, data from the CDC V-Safe study in adolescents (ages 12-17) show mostly mild side effects similar to data in adults, which will be updated when new data for ages 5-11 are published. Pfizer and BioNTech announced on Sept 20, 2021 that they had completed a study in participants 5 to 11 years old showing the vaccine was safe, well-tolerated, and showed good immune responses – these data were submitted to the FDA for EUA consideration.

Another common concern is that the development of the COVID-19 happened too quickly and was rushed through the approval process. mRNA technology has been developed over many years and combined with research on SARS-CoV-1 and both private and public investments from around the world, this accelerated vaccine development and testing. (See 'Science is a Process' for more information)

Disadvantaged communities, especially people of color, have voiced concerns about the cost of the vaccine and related health care. It is important to emphasize that the vaccine is free and could prevent infection with COVID-19 and subsequent cost of additional health care and lost time at work.

Don't underestimate the influence of children - Friends trust friends, so effective messaging which reaches children tends to propagate in their social groups. These messages are taken home to their parents and marketing research shows that kids have a strong influence on their parents' purchasing decisions for toys, food and drinks, and events. So, if kids come home wanting a vaccine because their friends are talking about it at school, this may help convince parents with their decisions.

Science is a Process

Tell a compelling story with science – Make science easy to understand by contextualizing public health data, explaining the rarity of side effects, and using analogies to explain how vaccines work, how they are tested for safety, and how they are effective. Personal stories are influential but can go both ways- pediatricians successfully tell stories of how vaccines can save a family, but a single negative experience with severe side effects can chill a whole community, even if false. However, it is worthwhile to discuss the occurrence of side effects and the calculated risk/benefit ratio of vaccination in the context of those rare severe side effects compared to the much higher known risk of COVID infection.

Continually tweak strategy – Track both successes and failures and share these data with other community leaders to continually assess performance and tweak strategies to reach more people. What barriers can be predicted and overcome with changes in policy? Learn about strategies other localities have had success with and consider those lessons to shape the path forward.
Vaccines are highly scrutinized – Vaccine testing is and has historically been a rigorous process. Implementation policies are created based on the most current and best available data. Policies and scientific consensus changes when new data emerges – this is a good thing which ensures that we prioritize public health and safety. Studies so far show no long-term effects of the COVID-19 vaccine, but they continue to be studied – this is how science and medicine moves forward.

Vaccine development was not too rushed – When COVID-19 became a pandemic, governments around the world prioritized funding to study the virus and potential vaccines. Vaccine clinical trials would take years to fill enrollment because it takes time for people to be infected with a specific disease and come forward as study volunteers. With COVID-19, many people volunteered for these studies because it affected so many people and the virus spread so quickly that many people were available as volunteers.

Scientists had a head start on coronaviruses. SARS-CoV-2, the virus that causes COVID-19 disease, was named as such because the virus was structurally similar to other coronaviruses which caused outbreaks of Severe Acute Respiratory Syndrome (SARS) in 2003 and Middle East Respiratory Syndrome (MERS) in 2012. As a result, there were years of study on coronaviruses similar to SARS-CoV-2, so scientists had a head start on research, and how to find the weaknesses to fight the virus.

The emergency use authorization does not mean that corners were cut. This was an extensive standard review process which was expedited, reviewing a large amount of data on the safety of study participants and ensuring data quality and integrity from vaccine manufacturers. All proper procedures were followed, but the administrative processes were expedited in the context of a public health emergency. As a backstop, when a potential adverse effect starts to trend, vaccinations were paused for review. This is an example of the continuous monitoring and safety processes of these reviews.

Science, policy, and public health had to all come together. To summarize, scientists did not take risky shortcuts on the science, and followed the standard scientific design while working around the clock. To get to this point, all factors came together: prioritizing time and money to these studies, robust background knowledge on coronaviruses, mRNA technology having been developed over a decade, quick study enrollment and outcomes, and prioritization of committee hearings and data reviews. It's an amazing testament to worldwide, coordinated human effort, and a bit of luck.

Resources

American Lung Association

- COVID-19 Vaccine Tracker
- Better for it - COVID-19 Vaccine Toolkit

Centers for Disease Control

- COVID-19 Vaccine Safety in Adolescents Aged 12-17 years
- Are COVID-19 Vaccines Effective?
- Regularly Recommended Vaccines
- COVID-19 Vaccines for Children and Teens
- Busting common COVID-19 myths

Kaiser Family Foundation

- Study: Vaccination Trends Among Children and COVID-19 in Schools

American Academy of Pediatrics

- Children and COVID-19: State-Level Data Report
- Return to Sports and Physical Activity

National Association of School Nurses

- COVID-19 Administration in Schools

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