



SAFER SCHOOLS AND CAMPUSES **BEST PRACTICES CLEARINGHOUSE**

Lessons from the Field - Strategies for Supporting COVID-19 Vaccination Efforts

Wednesday, November 10, 2021 | 3:00 – 4:00 PM ET

Transcript

Tim Duffy:

Good afternoon, everyone, and welcome to today's Lessons From the Field webinar, Strategies for Supporting COVID-19 Vaccination Efforts. On behalf of the US Department of Education, we're pleased to have you with us today. In fact, well over 500 people have registered for today's event and so people will likely be joining us as we kick off here with opening comments. Thanks to all of you who are already online. My name is Tim Duffy, Training Specialist at the National Center on Safe Supportive Learning Environments, or NCSSE. I'm facilitating today's webinar.

NCSSE is funded by the Office of Safe and Supportive Schools within the Office of Elementary and Secondary Education. Our aim is to build the capacity of state education agencies, districts and schools to make school climate improvements, foster school safety and maintain supportive, engaging and healthy learning environments to support the academic enrichment and success of all students. To learn more about NCSSE and to access a range of resources that address school climate and conditions for learning, we encourage you to visit our website. To give you a sense of what the website looks like and what's included there, here on this screen we share with you some of our most popular products on the left, and an image of our homepage on the right. You'll see our website address listed at the top there for your reference.

Please note that all materials you'll see today, including the slides, reference resources, and the archived version of the recording will be available on the event web page within this website. In fact, some items including the slides and bios for today's speakers, have already been posted there. And please also note that you have access to previous Lessons From the Field sessions by visiting the webinar series webpage, which is also listed here at the bottom left of your screen.

So let's take a look at how we're going to approach today. So we're wrapping up the introduction and logistics now, just another minute or so with that. And then we'll be kicking off with brief presentations by representatives from the CDC as you'll see identified in agenda items number two and three for today. We'll be talking about the Pfizer vaccine, and then specifics about vaccinations clinics within schools. That will be followed by a presentation by the Department of Education staff regarding the use of ESSER funds and other resources to support dissemination of vaccine. That will be followed by a panel discussion, including the previous speakers as well as practitioners from the field who will be joining us for that panel. And then we'll close with brief comments and additional details as we close in on four o'clock today.

So with that, I'd like to introduce you to our first speaker, Christian Rhodes. Mr. Rhodes serves as Chief of Staff for the Office of Elementary and Secondary Education at the US Department of Education. As Christian introduces the other webinar speakers, please note again that the bios for all speakers are archived on the event webpage, listed both on this slide and shared now in the chat box. So with that, Christian, I turn the program over to you.

Christian Rhodes:

Thank you so much, Tim. And thanks again, NCSSLE, for your outstanding work and really have been supporting us from the very beginning. It's an honor to be on today and just thankful for all those who have chosen to spend a few minutes of their time to talk about this really important topic. We have a pretty robust panel of experts and practitioners, which I think has always been the secret sauce to these Lessons From the Field.

Now on behalf of Secretary Cardona, I want to extend greetings to each of you today. I'm happy that we're going to look for ways to explore how to support the vaccination of our students as we continue to emerge from this pandemic. I think we're all keenly aware of the challenges educators, parents, caretakers, our students are facing this fall and I'm thankful that we can report that 99.6 million, 100% of our schools and school districts are open for in-person instruction and that is amazing, but we know that there are a number of challenges that districts have been able to overcome and many are facing and I'm excited to hear more about those opportunities.

As part of the executive order, the Department of Education established a best practices clearinghouse. I wanted to lift up some of those ideas of what's happening across the country, and I believe the web address is going to be posted in the chat box. Due to clearinghouse, we've been able to post and to share thousands of resources for community schools or educators and families as we work together towards reopening schools and reopening schools for in-person instruction and really supporting our students holistically, whether it be their academic, social, emotional, or mental health.

Several months ago, as an extension of the clearinghouse, we thought through what are some of the best ways to get the information out and we established the Lessons From the Field webinar series, this one right here that we currently

are on. Many of you who are on today have stuck with us throughout the entire time that this has been going on and I think really have helped our learning towards what's happening in the field, but also helping sharpen our collective swords on how to best support our students and our families.

We're going to continue to explore different ways and different strategies to support our community, particularly around vaccination of our students. And today, I'm really excited about several of the speakers who have keen and specific insights on this topic. So first, you're going to hear from a pediatrician medical officer from the CDC's vaccine task force, Kate Woodworth. Following Kate, you're going to hear from Kevin Chatham-Stephens, who's the implementation lead for that task force and leader of the Children's Preparedness Unit at the CDC, which is, as we got on earlier, he says, "busy as you all can imagine," so we're thankful for their time today.

My colleague, Levi, who behind the scenes is the person who has helped pool a lot of these Lessons From the Field together from the department is going to talk a lot more about some of the uses of ESSA funds and other resources that we're doing right now as part of this vaccine rollout. Then we're going to have some brief presentations for I think is really what has set our webinar series apart, is having the experts and practitioners, those who are sitting in their seats right now. So we have colleagues from Metro Nashville who are doing some amazing work. I saw you all on Twitter so I get a chance to see it. And colleagues from UnidosUS, who the Secretary just spoke at one of your board meetings recently and I think he and I share the importance of the work that you're doing to reach some of our marginalized and often those communities who are most impacted by COVID.

As Tim mentioned, I'm not going to go through each person's bio out of respect for time, but they're available on today's event website. If you have any files or questions, we can make sure that we follow up. So with that, without further delay, I'm going to pass to our colleague, Kate from CDC. Kate, on to you.

Kate Woodworth:

Hi. Thank you so much. So my name is Kate Woodworth. I'm a pediatrician and medical officer working on CDC's COVID-19 response and I'll discuss some aspects about the Pfizer vaccine, specifically in children aged five through 11.

So just to orient this discussion, here's where we are in the COVID-19 pandemic. So this figure is showing the number of cases per 100,000 population by age group, with children aged five to 11 shown in the dark blue color.

So as of October 10, there had been over 1.9 million cases of COVID-19 just among children ages five through 11. And to give a quick summary about the epidemiology of COVID-19 in this age group, there's obviously a lot that could be said, but I just wanted to highlight a few things. So in addition to those over 1.9 million cases reported, we also look at this seroprevalence, which is looking at blood samples to estimate how many children might have evidence of prior

infection. And so the seroprevalence estimates are about 38% of children in this age group of five to 11 have evidence of prior infection on the serology.

So what that tells us is that infections in children are probably less likely to be reported as cases when compared to the infections in adults, so we might be under counting infections in children. We also know that children ages five through 11 years of age are at risk of severe illness. So there have been over 8,300 COVID-19 related hospitalizations just in this age group as of mid October. There have been 94 COVID-19 associated deaths in this age group, and COVID-19 actually ranks as the eighth leading cause of death among children ages five through 11.

The hospitalization rates that we're seeing for COVID-19 are actually similar to those that we see in a pre pandemic influenza season, despite the intensive mitigation efforts that have been in place during 2020 and 2021. Which suggests that if those mitigation measures were not in place, we might see hospitalization even more than we see for influenza in this age group. We see severity comparable to children who are hospitalized with flu, and so about a third of children ages five through 11 who are hospitalized for COVID-19 require ICU admission. Also, multisystem inflammatory syndrome or MIS-C, which you may have heard about, is most frequent among this age group of children ages five through 11. There have been over 2,000 cases reported just in this age group alone.

Then finally, post COVID conditions is something that we're learning more about, but we have seen even children as well as adults. And then secondary transmission from young school aged children does occur both in household and in school settings.

I also just wanted to put this in context to some other vaccine-preventable diseases. And so this slide is just showing deaths that were occurring from what are now vaccine-preventable diseases in the decades prior to when the vaccines were recommended. Overall, just showing that COVID-19 associated deaths that we see in this age group are similar to or exceed the prevalence, the pre-vaccine burden, for these now vaccine-preventable diseases.

Also, a large and growing body of literature is describing the numerous indirect impacts of the COVID-19 pandemic on children. While I've highlighted a few here, this is by no means an exhaustive list. And also just want to say up front that for all of these listed, children of color have been disproportionately negatively impacted. So children have experienced a worsening of mental and emotional health, widening of already existing education gaps by race, ethnicity. Children have also experienced decreased physical activity and increased BMI, decreases in healthcare utilization and routine immunizations, as well as overall increases in adverse childhood experiences or ACEs, and also loss of caregivers.

So now I'll just give a quick review of some of the clinical trial data for the Pfizer Biotech COVID-19 vaccine. This is a randomized control trial, where participants

were randomized two to one to receive vaccine to placebo, and had immediate follow up time of 3.3 months. So this trial was able to demonstrate that vaccine efficacy and symptomatic laboratory confirmed COVID-19 was 90.9%. So overall, there were a small number of cases that occurred in the trial, but they were able to determine that vaccine efficacy estimate. We also look at something called the geometric mean ratio. So this is looking at how antibody response, how high antibody respond in children ages five to 11, and comparing that to the antibody response amongst 16 to 25 year old adults, where we have a little bit more robust vaccine efficacy. We saw that children ages five to 11 had similar geometric mean ratios, or similar antibody responses, as those young adults did, which is reassuring.

Then the next thing that we always look at is going to be a serious adverse events. No serious adverse events occurred in the trial that were assessed by the investigators related to the study intervention, and there were no deaths reported in any of the trial participants. You can see listed out here what some of those serious adverse events were. Things like limb fractures, pancreatitis and abdominal pain, which again, unrelated to the vaccine.

Then the trial also had a safety expansion group where they added an additional approximately 2,000 children at the request of the FDA to expand the sample size. These children followed for a median of 2.4 weeks and again, there were relatively few serious adverse events and those that occurred were deemed unrelated to the vaccine.

The last thing I just wanted to review was reactogenicity, or what we call basically side effects. The trial solicited events from participants, as reported by their parent or guardian, for seven days following vaccine. Overall, side effects were frequent. About 86% of vaccine recipients reported any local reaction, and 66% reported any systemic reaction, but the vast majority were mild or moderate, meaning they didn't interfere with daily life. Generally, we saw less frequent side effects among children ages five to 11 than we saw in the young adults aged 16 to 25. Then, in terms of the more severe reactogenicity, so these would be symptoms like the local reactions, redness, swelling, pain or systemic reactions like fever, nausea, vomiting, headache, fatigue. The severe ones are those that impact the daily life activities, and those are relatively few, so 2.7% of children in the vaccine arm and 1.1% in the placebo arm at any local or systemic grade three reaction. These resolved within one to two days.

Next slide. I did want to just also touch on seropositivity. So like I mentioned early in the presentation, a lot of kids actually have evidence of having prior infection. And so, what do we know about the safety, and efficacy, and risks and benefits about vaccination of kids who have already had COVID-19? So about 9% of children in the vaccine trial were baseline SARS-CoV-2 seropositive, and among those children they had post-vaccination titers that were higher among children that were seropositive. Then those local and systemic reactions, or side effects, as well as adverse events were actually lower in the children who were baseline seropositive. And so basically, what we can say is that vaccines are

safe, even if you've already had prior infection. What we know from vaccination of adults who've had prior infection, is that prior infection can result in some protection against infection, but it's not 100% and it decreases over time. And those that had asymptomatic or mild infection probably have less protection than those who had more severe infection. Children have actually a greater proportion of asymptomatic infections relative to adults.

I'm moving on to the next slide. I'm just wanting to say that overall the Delta wave surges that we saw leading to lots of pediatric COVID-19 hospitalizations occurred even among high seroprevalence, and so putting all these reasons together with the safety that we see in the vaccine, and the benefits that we see in the adults of vaccination, even if you've already been infected, we did assess there's a balance of benefits and risks are favorable for vaccination of all children regardless of your history of prior infection.

And then, this is putting together some of the benefits of what we look at in terms of vaccination. So this has been estimating the benefits or cases and severe cases of burden for every million vaccines in children. So we look at recent epidemiology on the left hand side of the slide. We're estimating that for every million doses of COVID-19 vaccine we give a child to this age group, we would prevent 58,000 COVID-19 cases, 226 hospitalizations, 132 cases of MIS-C, and 72 ICU admissions in this age group alone.

I also wanted to just spend a moment talking about myocarditis, I know this is a concern at the top of lots of folks minds, but especially parents, and so we have identified rates of myocarditis based on data from adults and adolescents who are receiving a 30 microgram dose of the Pfizer COVID-19 vaccine. This is the three times the dose that children ages five to 11 will be getting, which is 10 micrograms. Overall, what we've seen in adolescents and adults is that this is a very rare event, but it is most common in the young male, so ages 12 to 29. There were no cases of myocarditis that occurred in the clinical trials on children. So this is about 3,000 children with at least seven days of follow up, but the study was really underpowered to assess risks of myocarditis in this age group.

That's why we say that rates of myocarditis after vaccination are unknown. We haven't vaccinated enough kids in this age group to know, despite there was none in the trial. Again, that was really underpowered. But we can look at what we see of myocarditis in the pre pandemic time. Myocarditis is actually really rare in children five through 11. Things like viral myocarditis as compared to the adolescence. So because the underlying epidemiology is so much younger, less in children, and because the dose is so much less we expect to see less myocarditis in children ages five through 11.

So that's why, when ACIP makes these deliberations, we list out the benefits and the risks. So to talk through the benefits being prevention of COVID-19 cases, and that would mean likely prevention of hospitalizations, MIS-C, deaths and post-COVID conditions, a possible prevention of transmission and/or

greater confidence and safer returns to schools and social interactions. So you balance those benefits with the known and potential risks. There's that potential, again we haven't seen this, but potential risk for myocarditis or other rare events after mRNA vaccines based on what we know in adolescents. Also, the known risks and short term reactogenicity, or side effects, that I described earlier. And so, putting that all together and listing out the risks and benefits ACIP determine that the benefit-risk balance was favorable, regardless of seropositivity status, to recommend vaccination.

I also want to touch on what we know about what parents are saying and wanting. Among parents surveyed, this is across a variety of different surveys, we saw that somewhere between 34 and 50% of parents planned to get their child vaccinated. This did vary by several factors, including parental race ethnicity and education level, parental age, and also geography. That's the range that we're seeing across the board. Then just highlighted here, of course, this is going to be higher, this positive intent to get their child vaccinated is higher among those parents who are worried about their child getting COVID-19 and higher among parents who reported that they themselves are vaccinated.

I just want to touch a little bit on the vaccine itself. So the formulation for this age group of children five through 11 is actually a new and different formulation than the adult and adolescent dose. So the vaccine for children is actually coming in that orange capped vial. I'm just highlighting the difference on the slide here that the adults and adolescents are receiving a 30 microgram dose and the children are going to be receiving a 10 microgram dose.

Consistent across the two, children are also going to be receiving two doses spaced three weeks apart, just like we do for adolescents and adults. Right now, adolescents ages, or anyone ages 12 and up with a moderate or severe immunocompromised condition is recommended to get an additional primary dose. We haven't recommended that yet for children ages five through 11 but that is an area that we're actively monitoring and may need additional recommendations for in the near future. And then booster doses are not recommended for anyone less than 18 years of age.

Children should receive the age-appropriate vaccine formulation, regardless of their size or weight. So opposed to many medications, vaccine dosages are based on the age and not the weight of the child. We do recommend the dosage should be based on the child's age on the day of vaccination.

Putting this all together, since the beginning of the COVID-19 pandemic, among children ages five through 11 years of age there have been 1.9 million cases of COVID-19, 8,300 hospitalizations, 2,316 MIS-C cases, and 94 deaths. But COVID-19 is now vaccine preventable. And so ACIP has made the recommendation for use of the Pfizer biotech COVID-19 vaccine among children five through 11 years of age, in the US population, under the FDA's emergency youth authorization. I think that wraps it up for me.

Christian Rhodes: Thank you so much. I'll be honest with you, I was taking notes I have a...

Kate Woodworth: I talk fast, sorry.

Christian Rhodes: No, no, no, thank you so much. This is extremely helpful and thanks for your expertise. And obviously the work that has gone behind this is more than just a slideshow. So thank you so much, Kate, for the insight, and really I think to help dispel some of the myths but also to help educate those who are on who ultimately going to be the ambassadors to share with their community. This background information is critically important. As we move on to our next slide, I think it's important to note that we really have some outstanding people to take us to what Kate did in talking about some of the reasons or rationale to vaccine clinics in schools. Thanks to our colleague, Kevin Chatham-Stephens from the vaccine task force at CDC to lead into the next part of discussion, Kevin.

Kevin Chatham-Stephens: Great, thanks so much and just really wanted to start off by thanking everyone on the call for everything that you all have done, and continue to do, for our kiddos during the COVID-19 pandemic. I'm a pediatrician. I've got two school-aged children, and my wife is in a kindergarten class day in day out so I just wanted to thank you all for everything that you do.

I'm wanting to spend just a couple minutes talking about some of the upcoming activities regarding school-located vaccine clinics. I think you all know better than I do that schools are a large part of daily life for many children and their families, and schools really serve as a trusted source of information for families. So we understand that schools are uniquely positioned to teach about, link to or even assist in delivering COVID-19 vaccine. We think of schools as being alongside of pediatric clinics, pharmacies and other places where kiddos can get these types of vaccines. We really need this as a critical way to make vaccination as accessible as possible to students, especially for those families who may experience challenges taking a child to a clinic or pharmacy. Perhaps those families who have to work multiple jobs, or have transportation challenges, having those school-located vaccination clinics can really assist them.

And you may have already seen this, but on Monday, HHS and the Department of Education released a letter on schools and COVID-19 overall, but it did include the important role of schools, specifically regarding school-located vaccine clinics. It urged schools do a couple of different things. One was host a COVID-19 vaccine clinic, distribute information about the COVID-19 vaccine to families with children ages five to 11 years old, and also to hold conversations with school communities on the COVID-19 vaccine.

Here at CDC, we do hope to release additional information on how we can help facilitate these school-located vaccination clinics. I'm including an email that will go out to health departments and public health partners, as well as to school districts and education partners. This email will include a two-pager that

includes a variety of information, and that information will also be posted on our website. So stay tuned for that information.

In terms of what this guidance will include, it will walk through how a school district can really partner with a COVID-19 vaccine provider, including some of the ones that we heard about in the beginning of the talk, but local health departments, community health centers, peds clinics, pharmacies, children's hospitals, et cetera. And it really walks through a tiered approach, with the first option being partnering with providers schools have used for, let's say flu vaccination clinics, pre COVID or providers that schools use for the adolescent COVID-19 vaccination clinics, or obviously contacting the local health department for guidance on potential partners. So really using all those local connections that schools and school districts have day in, day out.

The second option is to use [vaccines.gov](https://www.vaccines.gov), or pharmacy contact information on CDC's website to reach out to pharmacies directly to say like, "Hey, do you have the capacity to help us with this school-located vaccine clinic?" If a school district can't find a vaccine provider using these steps, the next ask is for them to reach out to CDC directly to see if we can partner them with a pharmacy who has that capacity. And in the information that we'll be disseminating, it will walk through the steps that school districts will need to take to request that assistance. So like I said, that information will be forthcoming, hopefully shortly, and we'll be sure to disseminate that widely when it is released. And so with that, that's all I have. Thanks so much.

Christian Rhodes: Thank you, Kevin and thanks for the information. I think we'll be possibly talking a little bit later in the discussion, but I think for say critically important. I saw the First Lady went to a vaccination clinic in Fairfax, Virginia, which also happened to be the site of the first polio vaccine. I think that's a great corollary to the work that it really is going to take for our nation to push this out. So thank you so much. I really do appreciate it.

I think the next part of this, and many of you all are on is really to hear, how do we utilize our ESSER dollars, those resources that were made possible from the American Rescue Plan to really support these efforts? We have someone here, one of my colleagues I'm honored to introduce him, but Levi Bohanan is a special assistant in the Office of Elementary and Secondary Ed. He's really been working behind the scenes and pulling together some of the best practices from across the country, and pulling resources from state applications and LEAs as well to talk about this. So with that, I'll pass to my colleague Levi.

Levi Bohanan: Thanks so much, Christian. I'm happy to be here. My name is Levi Bohanan. I'm in the Office of Elementary and Secondary Education at the US Department of Education. I'm excited to be with you today. First of all, I want to thank our colleagues from the CDC for joining and all the work that they are doing to make sure that our schools are kept open safely. I also want to thank you in the audience for joining us and all the work that you are doing, day in and day out, to keep our students safe and learning in schools across the nation.

Vaccination is the best tool that we have to keep our students safe from COVID, maintain in-person learning and prevent school closures. We know that vaccination, when paired with prevention strategies that are layered and implemented correctly like masking, testing, tracing, distancing, and improved ventilation can significantly limit COVID-19 transmission. Community-based organizations, schools, schools districts all play critical roles in providing access to the vaccine and providing trusted information to parents, families and communities. Increasing vaccination rates will help bolster public health and reduce the risk of COVID-19 transmission in states and communities.

The good news is the American Rescue Plan includes resources that can help states, districts and schools expand access to vaccines for students and educator staff. The department has released guidance on uses of funds for the American Rescue Plan, including funds from the Elementary and Secondary School Emergency Relief Fund, and the Governor's Emergency Education Relief Fund that emphasizes the availability of funds to address the diverse needs arising from, or exacerbated by, the COVID-19 pandemic. Funds can be used to address reopening of schools safely, promoting health and safety, advancing educational equity, supporting educators and school staff, and of particular note for today's conversation, to expand access to vaccinations. Many states and districts, some of which we'll hear from today, have been taking steps to expand vaccination access and awareness. States like Minnesota that has developed or promoted the Roll Up Your Sleeves Campaign, which will increase vaccination rates including targeting outreach for students. And states like Alabama, which has used federal relief funds for salaries or wages for health care professionals to provide COVID-19 response and vaccination.

We need your help now more than ever to help continue to protect our communities, schools, and children. For a more complete list of allowable state and local educational agency use of ARP funds, in addition to some of the other COVID-related relief funding, please check out on the next slide the Office of Elementary and Secondary Education website. There you will find approved state plans for 46 states which have included their ARP ESSER state plans and how they will address COVID-19 mitigation strategies. On the following slide, you'll find some additional resources from Ed designed to provide information on funding made available from the American Rescue Plan for schools, districts and states. These resources include information on the American Rescue Plan education-related investments, a frequently asked question document regarding allowable uses of funds, which includes information on vaccinations, and handbooks on safely sustaining in-person learning. Thank you again for all the work that you are doing. And with that, I will turn it back over to Christian.

Christian Rhodes: Thank you Levi, and thanks for talking about what I think a lot of people wanting to hear is about how those funds are available to use for this important work around vaccinations of our students. This is the part where I think we'll love to hear from practitioners who are in the field, who are doing the work and I mentioned before that we have some great participants. I failed to mention a colleague, Amy [Pine 00:31:05], from California who's going to be talking a little

about their work as well. But first I want to start with our Metro Nashville Public Schools and calling Sean who will be talking a little bit about some of the work that they're doing at the district level. So Sean, I'll pass it to you introduce yourself and talk a little bit Metro Nashville.

Sean Braisted: Thank you, Christian. Metro Nashville Public Schools is an urban school district with about 80,000 students, around half of those are in that five to 11 age range. We're a large county with 526 square miles so we have a lot of ground to cover throughout our 70 elementary schools that we serve and the students that are served there, and so happy to talk more about our vaccine rollout plans here in a little bit. But we've been working closely with our Metro Public Health Department to get as many shots in the arms as possible for all the students who want it.

Christian Rhodes: Thank you, Sean. I actually pay attention to Metro Nash. I follow you all on social media and think one of their schools got awarded by the board last night, but it's a great district. I've been there a few times. I love it. So thank you.

Next we'll hear from our colleague, Rita from UnidosUS, National Latino Civil Rights and Advocacy Association and I just want to thank Rita for her time and look forward to hearing from her. Rita.

Rita Carreón: Thank you, Christian. I'm really excited to be here with all of you. I also want to thank you for all your support to educate our children. As a parent of a nine year old, I know firsthand how important this moment in time is, especially as we move into the winter and the holiday months. As Christian mentioned, UnidosUS, formally the National Council of La Raza, since the beginning of the pandemic we and our affiliate network of nearly 300 community-based organizations, including school charters and migrant headstart programs, we've been working on really sharing information about COVID and public health guidance. But we also had a very institution-wide effort to mitigate the health, economic and educational impact of this pandemic among our Latino community.

And so this campaign has been really a 360 approach that includes not only media relations and social media outreach and email marketing, but also virtual events, influencer relations and partnerships, mobile tours, and advertising. So with our network of 300, we've been working with a lot of the schools and a lot of the health centers, and migrant Head Start programs, and program leaders to really support a multi-program approach to help local communities stay healthy and to thrive. I'll talk a little bit more later, but we have trained over 50 trusted messengers, parents, financial and housing counselors, plus over 200 Promotores de Salud, they're community health workers, to conduct outreach, door to door, group presentations, and to counter misinformation which has been one of the biggest barriers that we have seen.

This year alone, we've reached about 24 million individuals on COVID-19 information. And with our recent bilingual Latino poll that we did with over

1,400 parents under the age of 18, with kids under the age, we found that overwhelmingly Latino parents support requiring all students and educational staff to be vaccinated for in-person schooling. So we know that even more than a year ago into this pandemic, Latino parents today feel more concerned than ever before of the impact of COVID on their family and they also support policies to improve their family's health and well being. So I'm looking forward to having a conversation with everyone. Thank you.

Christian Rhodes: Thank you, Rita, and thank you for the work that UnidosUS has been doing really to reach into communities, particularly those that were most impacted by COVID-19. Next on our list we have Amy Pine who is with the California... Thank you, I heard I was off screen... California COVID response team, and thank you for joining with us and I pass it to Amy Pine.

Amy Pine: Thank you. Good afternoon, everyone. I'm very happy to be here. In California, we have about 13,500 schools and prior to the pandemic, of course many local health jurisdictions had been gaining a great deal of experience about learning how to conduct school-located vaccine events by offering flu vaccines. Now since the pandemic, that experience has increased tenfold, especially in learning how to conduct vaccination events in alternate sites, including schools.

We, not too long ago in California, conducted a survey to just get a feel of all of the COVID vaccine events that were going on. And I'm happy to report that we learned that there have been 3,223 schools in California that represent about two million students that have already conducted, or plan to conduct, a COVID-19 school-located vaccination event by the summer of 2022. One-thousand-one-hundred-fifty-nine schools have already conducted events representing a million students, and 642 schools in California are planning on conducting events now, between the months of November and December, representing about 445,000 students.

We're also conducting a campaign where we are reaching specifically to schools that have five to 11 year old students that are located in equity-focused outreach areas, and specific zip code areas that are really equity focused. And so we are inviting 578 additional schools to participate in this particular campaign. I'm happy to answer more questions about it. It's just exciting the level of activity that's going on in California, and the intentional support that the state is providing, and the actual work that the public health workforce is conducting on a local level. Multiple partnerships going on, and it's just really great to see so many kids getting protected through a school environment. That's it for me.

Christian Rhodes: Thank you, Amy. And I think I may have said that you were with the COVID response team in the California Department of Education. So thank you so much for the work that you're doing and really, for you, Sean and Rita this is a great modeling of the types of engagement and supports we want to see across sector. We have our LEA, our Local Education Agency, the State Department and the community-based partner who are doing great work in this field.

So with that, I think it's probably important for us just to dive in in the remaining time we have to talk about just what are some of the questions that we're hearing from educators and young students related to the vaccine, and vaccine clinics, and just some of the work that we're doing. So with that, I'm going to start with a question for our practitioners and you know really want to lean in possibly Sean, Rita and Amy maybe get you to talk through each from, quickly, this first question. What have you planned to support pediatric vaccinations in your respective spaces? I think you've mentioned a little bit, but Sean and Rita, love to hear a little bit more from you on that.

Sean Braisted: Great, so when we found out that the five to 11 vaccine was approved, we worked quickly with the Metro Public Health Department to figure out a way to get as many vaccine clinics open, looking at our district calendar. We had Thanksgiving coming up, we have the winter break coming up, and so we wanted to make sure that we could figure out a way to get them their first and second dose before the end of the second semester. So we've set up clinics at each of our area high schools, because they are regionally located so that after school hours families could then go to those clinics and get their children vaccinated. We're doing one each Monday, Wednesday and Friday for this week and next week and then we're going to circle back to the same locations afterwards.

Christian Rhodes: Thank you. Rita?

Rita Carreón: As Sean mentioned, I think having vaccination sites at the schools are super important. I had the fortunate to actually vaccinate my nine year old son at a local middle school this weekend. I think having that trusted space in that area where it's super important for them to feel at ease and at comfort, also by even volunteers that he may or may not know. I think that's been super important. For us, we know that 27% of the nation's, 50.6 million public school students are Latinos. Five million students are English learners, of which 77% are also Latinos. And from our poll, we found that vaccinated Latino parents feel more worried about COVID's impact on their family's health and their financial situation than unvaccinated Latino parents.

So we really wanted to be very targeted in our approach. We launched an advertising and an influencer campaign geared to Latino parents, especially Spanish language parents, to provide clear health information and in-language information. When I say in-language information, I mean the language that they're most comfortable speaking and/or reading. You can find that information on our own [unidosus.org](https://www.unidosus.org), [padres y vacunas](https://www.padresyvacunas.org). It's very specific to the Spanish language and it's utilizing mom bloggers to support some of this effort because we know that many of our Latino parents are very young. So we're also working with federally qualified health centers that have school-based health clinics to support their children and their parents.

Christian Rhodes: Thank you. Amy, anything to add here?

Amy Pine: Well, I had started to talk about this, but in California we have basically divided our population into four different equity quartiles and we use a thing called the Healthy Places Index to create those quartiles and Quartile 1 being the populations that are more vulnerable to the most severe outcomes from COVID disease, Quartile 4 being the healthiest neighborhoods and least vulnerable to severe outcomes. And so, what we have done specifically for the five to 11 year olds is identify those schools that have five to 11 year old students that are in Healthy Places Index Quartile 1 areas and invited them to host a school-located vaccine event. We've already reached 500 schools, we're sending out another wave of invitations. It's been really exciting and just because we want to make sure that these schools and the students at the schools have every opportunity to be protected.

Christian Rhodes: Thank you, and out of respect for time I'm not going to stay too long on this particular area, but I think you just hit on a big, important piece, Amy, that I was going to talk about, which is the equitable distribution of vaccinations, and I even think the equitable distribution of vaccine clinics and locations there. Let me just move, out of respect of time, to Kevin again. I want to talk a little bit more about some of the things you're hearing from supporting school location and vaccine clinics. Can children receive both the flu vaccine and the COVID-19 vaccine? I know that's a topic of conversation. I think that's also a helpful way for us to really engage communities. I would love to hear what you're doing in Metro National.

Kevin Chatham-Stephens: Thanks for that. I think we're definitely approaching all COVID-19 vaccine providers, so not just school-located vaccine clinics, but obviously peds clinics as well as pharmacies, et cetera, to consider administering flu vaccine as well as other routine childhood vaccinations when they're giving the COVID-19 vaccine. Especially since we do know that many children are so behind on their routine childhood vaccinations, and we do always want to get as many kids vaccinated against the flu as well each year. Kate mentioned this before, but the vaccines can be administered kind of simultaneously what we call coadministration. I think some people still remember earlier on in the pandemic, we did recommend that the COVID vaccine and other vaccines be separated by a couple of weeks, but that's no longer the case. So, we definitely say now that you can co-administer these vaccines.

But when we when we talk about this from a school-located vaccine clinic, we frame this as a consideration rather than something that they have to do, because we do understand that there are some logistical challenges when it comes to having multiple different vaccine types at a clinic. But if they can do it, then we think that's a wonderful thing that they could do as well as also, to add additional complications, consider vaccinating older siblings as well as even parents, which we know that's an additional layer of complexity but also something that schools can consider doing in partnership with their vaccine provider.

Christian Rhodes: Thank you. And I think that part of what you mentioned there also makes sense related to the coadministration. I'm hearing now, I was at CVS this weekend and many of the providers who are in the field, who are also providing the vaccine, are also providing the flu vaccine as well and it really serves as a great place for parents to feel at ease, and also addresses some of the needs that schools have related to immunizations in general which has always been an ongoing challenge.

I think, again, out of respect to time and I want to keep pushing the conversation forward. I would love to, Kate, just to hear a little bit more from you on some additional thoughts. Should children who are big for their age get the adult dose of the vaccine. I'm thinking of my son who looks like he's a lot bigger and taller than he actually is, but I'd love to hear some of your thoughts in that space. That's a question that parents may have in this regard.

Kate Woodworth: Yeah, we've heard this question a lot. I know. Kids 11 and 12 are going through a lot of changes, and there's a lot of varying sizes, but vaccines are actually different from most medications. A lot of medications we do weight-based dosing in pediatrics. But vaccines actually work locally. So you get the injection locally, and rather than having the medication flow throughout the body and needing a certain level throughout the body, the vaccines work by educating your own cells at the site of the injection and then those cells spread throughout the body. So that's why it's a little bit different than most medications. So actually, all vaccines are based on the dose...the dosages are based on the age rather than the weight of the child. So this is similar to flu vaccines. There's different doses for the youngest kids versus older kids. And so that's why we recommend that this vaccine should be given based on the age of the child the day they come in for their vaccine.

Christian Rhodes: My son is not that big but he definitely is going to some changes for sure. I would love to hear, as we close out with some of the questions, from Sean and Rita again, practitioners who are doing this work in the field and I yield to you, Sean, first. And secondly, Rita, if you could just talk a little bit about this as well. What are some of the lessons you learned, you and your colleagues learned, from school-based COVID-19 vaccination clinics of students who are 12 and over and how are some of those lessons being carried over for the five to 11? So Sean first, and then Rita. Thank you all for your time as we wrap up.

Sean Braisted: Thank you. Nashville is one of those school districts that starts early and ends early compared to some other places. It closed around May 25th, right around the same time that the vaccine was available. So at that point, we leaned heavily on our children's hospital and had locations set up centrally so that people can go get the vaccine clinics because the schools weren't going to be open in time for the third dose.

This time we've been continuing to do vaccine clinics at our schools for everyone that was eligible, adults and the five to 12 range. This time, we wanted to do a very strategic approach of making sure that we hit every single area of

town within that two week period before fall break. It would have been easier to set up one or two locations, but we felt like it was really important for those parents or families that had any sort of transportation challenges that we had those regionally available opportunities for them. We learned from the first day of administration on Monday, we do the drive thru clinic and then we realized that maybe it would be better to do it indoors for lighting and other reasons. So we're making shifts, we're going to continue making shifts and I think it's just learn new lessons every day.

Christian Rhodes: Thank you. Rita.

Rita Carreón: I think we've all been working at this for quite a bit, right? And being kind, and I know we talk about this as school educators, is really meeting our parents as to where they are. Being available to listen, to learn where their concerns lie and what information gaps that you could fill in. We know that it's not easy when you're talking about an area that at times, and in certain states, has been very polarized, but I think your words matter. I think parents continue to have issues about having flexible hours for vaccination sites, having funds available where they receive routine vaccines, what Kevin was mentioning and Doctor Kate too, but also financial assistance to replace loss of income to take time off from work for vaccine appointments.

I think what we've learned is try to remove as many barriers as we can in terms of paperwork, access and transportation, and work with community-based organizations partners, the health departments, the pharmacies. Utilize fall festivals that you're hosting, utilize food distribution events that you're doing that couple with resources and services for our parents and for our children who need it the most. So I think engaging volunteer parents are super important in various language. We're part of a bigger community, and a school community I think is just as important the children see the variety of partners involved.

Christian Rhodes: Thank you, Rita. I think you hit on the head, one is that... and Sean you mentioned this too, and this is a continuous learning, continuous improvement process as we try to tweak and address the needs of the population we're there to serve. So far, what I've seen in just a few days as the vaccine is rolled out is schools and districts are doing whatever they can and that there's a robust response. I think parents have been waiting for this opportunity, and that pent up anxiety I think is being relieved across the country. Our job is to continue to push that, particularly in those communities where we know there's going to be some hesitancy or some challenges. Thank you all who are leading this work in doing that.

I'm really thankful, this has been a great discussion. It's so timely, and I'm thankful that you all had time today to really help us dive deep into the discussion. With that, Tim, I'm going to pass it back to you. I want to thank all those who participated. Thanks for our colleagues from across the country, and our experts from the CDC, and my colleague Levi for the support that we've done behind the scenes on this and with that, Tim, I'll pass it to you.

Tim Duffy:

Awesome. Thank you, Christian, and thanks to every one of you as presenters who have helped us with this information today. All right, so I mentioned the feedback form. There's a image of it on screen now, and there's a link there and Daniel will post it in the chat as well. So we do encourage you to take just a couple of minutes and provide us with some information about what was helpful about today and how we can improve the series going forward. And again, please do use that as an opportunity to provide us information about other topics you would love to see us cover.

Also, please visit our website where today's presentation will be posted in its entirety so you can share it with colleagues and others that you know might also be interested in hearing the information from today. You will also see the slides that were shared today and all the resources that were referenced during this session. Just want to remind you that any questions that were raised in the Q&A box today will be shared with the Department of Education and the CDC to inform our future planning of this series.

So with that, again, I just extend my sincere appreciation for each of the presenters for being with us today. Excellent information about this very timely topic. It was important that we get to this as quickly as we could following approval of the pediatric vaccines. I also want to thank all of you who participated, about 300 people I saw I think was one of our peak points of registration, or participation, today. Really appreciate your active engagement and participation. Thanks to everyone for all you do every single day to provide students with safe and supportive learning environments. I hope we'll see you in a future Lessons From the Field webinar. Have a great rest of your afternoon. Thank you.