

Discussing COVID-19 vaccines for children and teens with vaccine-hesitant parents

Vaccine hesitancy is not new. Yet, the COVID-19 pandemic is increasing it. These feelings are prevalent for some parents in the Dallas-Fort Worth area.

Research on vaccine behaviors in the DFW area

Cook Children's fielded a survey to research vaccine behaviors in the DFW metro area between **June 5 and June 19**. The online survey went out to 400 people with children between the ages of 2 and 15. It's important to note that this was prior to the recent delta variant surge, which may impact some of the findings.

Some key findings from the survey:

- Slightly more than half of parents are “very” or “extremely” concerned about COVID-19
- **57%** of respondents are personally vaccinated
- Most parents are not delaying necessary care for their young children
- **Only 2%** of teens ages 12-15 with unvaccinated parents have a vaccine, compared to **65%** of those with vaccinated parents
- **40%** of unvaccinated parents say they will “never” vaccinate their child; 60% want to wait a year or more

The main reasons for vaccine hesitancy are:

55%	40%	36%	32%
Concern about the possible side effects for children	Not knowing enough about the vaccine to feel comfortable having their child get it	Concern that the vaccine process was rushed	Belief that the vaccine is dangerous for their child

One in four parents want to wait for more children to get a vaccine before their child gets one. Parents with younger children are more likely to want to wait and see. A significant number (21%) incorrectly believe that the vaccine will impact fertility in the future..

How to discuss vaccines with hesitant parents

More than 7 in 10 parents surveyed said that they trust a primary care provider or pediatrician on vaccines over any other source. Providers at Cook Children's have an important role to play in addressing vaccine hesitancy. You can do this by:

1. Discuss vaccines at every appointment with genuine concern for patient health and safety

Physicians and providers should be discussing the vaccine with every parent. If you don't bring it up, parents may take that as a signal that the vaccine is not important. Providers have a great ability to dispel myths as trusted health care professionals.

One of the easiest ways to begin talking about the vaccine is by saying, "I'm concerned about you and your child. Have you been vaccinated?" You can also mention that the delta variant is more likely to affect children. During the last week of August, Cook Children's experienced the highest number of COVID-19 patients hospitalized at the medical center at any point in the pandemic. The COVID-19 ICU also was filled. And with children in school, the virus is more likely to spread.

2. Ask open-ended questions to understand parents' reasons for vaccine hesitancy

Open-ended questions are helpful in starting conversations. Ask parents, "What questions do you have about the COVID vaccine?" Then listen to their answers to provide the best advice you can.

3. Understand the most common concerns for vaccine-hesitant parents

The top reasons that parents reported not wanting to get a vaccine for their child include:

- **Concerns about possible side effects.**

There are legitimate concerns about new vaccines and the potential for side effects. The most commonly reported (to date) are myocarditis or pericarditis, blood clots, allergic reactions and Guillain-Barre syndrome. See the table on page four for more information on these risks.

- **Not knowing enough about the vaccine.**

Pediatricians and nurse practitioners can help educate parents about the safety and efficacy of the vaccine.

- **Misinformation about the vaccine development.**

News reports in 2020 focused on how long vaccine development usually takes, often citing 10 years as a "short" timeframe. It makes sense that parents would worry about a vaccine that took less than a year. This was possible because:

- SARS-CoV-2 was new, but it is part of a family of well-known coronaviruses that scientists have studied for many years.

- mRNA vaccine research [was already underway for other diseases](#), including flu, Zika and rabies.
- Public interest and attention helped researchers enroll thousands of people for clinical trials quickly.
- The U.S. government set up manufacturing and distribution channels while clinical trials were underway to speed up production when a vaccine was available.
- **Concerns about fertility.**
Misinformation about the vaccine's impact on fertility (primarily for females) is spreading online. There is no evidence that the vaccine causes infertility. [The CDC has links](#) to studies that found no difference in pregnancy success rates for women with natural immunity, vaccines or no antibodies. Two studies reported 4,800 and 1,000 positive pregnancy tests (respectively) after vaccination.

4. Explain how mRNA vaccines work

This is the first time we've seen messenger RNA (mRNA) technology used in vaccines, and parents have concerns about how they work. Using simple analogies to explain mRNA technology can help parents feel comfortable with these vaccines:

- **Snapchat: mRNA is like a Snapchat message.** It shows a message to your immune cells with instructions to fight COVID-19. Then the message disappears (mRNA molecules are fragile and easy for your body to break down). The immune cells now know how to fight the virus if they ever encounter it.
- **Email instructions:** mRNA is like an email sent to your body's immune system with instructions on how to make antibodies to fight COVID-19. Once your cells "read" the instructions, your body can delete the email and start making the antibodies.

Other important things to address with mRNA vaccines include:

- **Research:** The COVID-19 vaccine was the first mRNA vaccine given emergency use authorization (EUA) by the FDA, but mRNA technology is not new. Research on potential mRNA vaccines began in 1989, and many were in clinical trials before COVID-19. Until the pandemic, there was no level of urgency to produce an mRNA vaccine to combat a virus.
- **DNA:** mRNA never enters the nucleus of a cell where DNA is stored. It cannot alter your body's genetic material.

5. Come prepared with information to refute misinformation or address concerns

Providers can alleviate concerns by coming to appointments prepared with the latest information and resources. Explain to parents that children ages 5 to 11 receive 1/3 the dose of that for

adolescents and adults. It was over 90% effective in preventing disease in clinical trials. Bookmark websites like the [AAP's COVID-19 Parent FAQ](#) on exam room computers or have printed copies available.

Side effect	Total cases reported/ confirmed	Who is at highest risk	Which vaccine(s)
Myocarditis or pericarditis (heart inflammation)	1,698 reported in VAERS* 963 confirmed by the CDC and FDA	Young men ages 16 to 30	mRNA vaccines (Pfizer/BioNTech and Moderna)
Anaphylaxis	Anaphylaxis reported in approximately 2 to 5 people per million vaccinations	People with a history of allergic reaction to vaccines	Pfizer/BioNTech Moderna J&J/Janssen
Blood clots (TTS)	47 confirmed reports of TTS** out of 15.3 million J&J vaccines administered 2 confirmed cases of TTS out of 394 million doses of Moderna vaccine administered	Women under 50	J&J/Janssen Moderna
Guillain-Barre Syndrome (GBS)	238 preliminary reports out of 15.3 million J&J vaccines administered	Anyone can be at risk, but it's more common in men over 50	J&J/Janssen

* Vaccine Adverse Event Reporting System (VAERS)

** Thrombosis with Thrombocytopenia Syndrome (also termed Vaccine-induced Thrombotic Thrombocytopenia)

6. Provide directions on where to get the vaccine

If parents are interested in getting a vaccine for themselves, refer them to [vaccines.gov](https://www.vaccines.gov). If parents are interested in having their child vaccinated, they should contact the office in advance to find out where the vaccine is available and to make an appointment. Vaccines are now available at all Cook Children's pediatrics offices for approved age groups.

Helpful resources

CDC:



[Vaccinate with Confidence: Strategy to Reinforce Confidence in COVID-19 Vaccines](#)



[COVID-19 Vaccines for Children and Teens](#)



[Reported Adverse Events](#)



[COVID-19 Vaccines and Pregnancy](#)



[Understanding mRNA Vaccines](#)



[FDA Authorizes Pfizer-BioNTech COVID-19 Vaccine for Emergency Use in Children 5 through 11 Years of Age](#)

Healthy Children (AAP):



[The Science Behind COVID-19 Vaccines: Parent FAQs](#)



[When Can Children Get the COVID-19 Vaccine?](#)



[Getting Your Child Ready for the COVID-19 Vaccine](#)



[Was the COVID Vaccine Rushed?](#)



[COVID-19: What Families Need to Know](#)



[American Academy of Pediatrics Statement on FDA Authorization of COVID Vaccine](#)