

We understand you may have many questions about COVID-19 and COVID-19 vaccines. Valley Children's has developed this list of frequently asked questions as a resource to keep you informed and help answer questions you may have about this quickly evolving topic.

Valley Children's Hospital is currently a vaccination site through MyTurn. Appointments are recommended but not required and can be made at [MyTurn.ca.gov](https://myturn.ca.gov). Only currently scheduled clinics will be listed.

## **Does COVID-19 affect children?**

According to the Centers for Disease Control (CDC), children can be infected and either have no symptoms, mild symptoms, or become ill enough to require hospitalization. Children who are more likely to become severely ill are those with chronic medical conditions including obesity, conditions that weaken the immune system, asthma and diabetes.

While most children infected with COVID-19 will recover, some may become severely ill and need hospitalization. In rare instances, a child may die from COVID-19 infection or complications. In addition, some children and teens who get COVID-19 have developed post-COVID conditions, collectively known as "long-haul COVID." Children exposed to or infected with COVID-19 are also at risk of developing Multisystem Inflammatory Syndrome in Children – or MIS-C. This is a rare, but serious, condition associated with COVID-19, which causes different organs to become inflamed. Valley Children's has treated more than 100 children for MIS-C, with many of them requiring intensive care.

## **Are Pfizer, Moderna and Johnson & Johnson vaccines effective?**

Yes, all three vaccines are effective. The only contraindication to the vaccine is known serious allergic reaction to a component of the vaccine.

mRNA vaccines are safe, effective and have been proven to prevent severe illness that would require hospitalization, including intensive care, and death. The vaccines are less effective in immunocompromised persons and the FDA has extended authorization and Advisory Committee on Immunization Practices (ACIP) has recommended a third dose of the mRNA vaccine at least 28 days after the second dose for those with moderately or severely immunocompromised systems.

Who is considered moderately or severely immunocompromised?

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids (i.e.,  $\geq 20$ mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer

chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

Because of a rare but often fatal side effect called Thrombosis and Thrombocytopenia Syndrome after the Johnson & Johnson vaccine, this vaccine is not preferred. Pfizer and Moderna have a risk of a rare adverse event, heart inflammation or myocarditis, occurring most often in young males after the second dose of the vaccine, which has not been associated with death or any long term sequelae.

### **What are common side effects?**

Common side effects are temporary and can include: fever, chills, tiredness, headache and pain or swelling in the arm you got the vaccine. Cough, congestion, and runny nose are not side effects of the vaccine and maybe symptoms of COVID infection.

### **What is the difference between these vaccines?**

#### **Pfizer Vaccine**

- Uses mRNA technology
- Two doses, 21-day interval
- FDA authorized for people 5 – 15 years of age
- FDA approved for people 16 and older
- Third dose for moderately to severely immunocompromised persons 5 and older
- Boosters authorized for people 12 and older, at least five months after completion of primary series or after third dose

#### **Moderna Vaccine**

- Uses mRNA technology
- Two doses, 28-day interval
- FDA authorized for persons 18 and older
- Third dose for people with moderate to severe immunocompromise 28 days after second dose
- Boosters authorized for people 18 and older, at least six months after completion of primary series or after third dose

#### **Johnson & Johnson Vaccine (also called Janssen Vaccine)**

- Ad26 (adenovirus vector, replication incompetent) vaccine
- One dose
- FDA authorized for people 18 and older
- Boosters authorized for people 18 and older, at least two months after initial dose
- Associated with a rare but sometimes fatal side effect, Thrombosis and Thrombocytopenia Syndrome, so is no longer a preferred vaccine.

### **Is it safe for children to receive the COVID-19 vaccine?**

The vaccine's safety was studied in thousands of children who received the vaccine and no serious side effects have been detected in the ongoing study. The FDA has determined that the Pfizer vaccine has met the criteria for emergency use authorization for children 5 years of age and older based on the scientific evidence available.

In addition, the immune responses of children 5 through 11 years of age were comparable to those of individuals 16 through 25 years of age, and studies found the vaccine to be 90.7% effective in preventing COVID-19 and 100% effective for preventing hospitalization. The CDC recommends the vaccine for all children because the benefits of the vaccine for kids outweigh the risks, which are the mild side effects seen 1-2 days following vaccination.

Children and families can learn more about what to expect during their vaccine appointment by viewing our step-by-step social story (PDF download) in English and Spanish about vaccine clinics at Valley Children's Hospital.

### **Is the dosage different for children ages 5-11?**

The Pfizer vaccine is administered as a two-dose primary series, three weeks apart, but is a lower dose (10 micrograms) than what is administered to individuals 12 years of age and older (30 micrograms). The dosage is based on the immune system response, which is unlike other medications for children that are based on weight but similar to other vaccines.

### **I've heard some of the COVID-19 vaccines are called mRNA vaccines. How do mRNA vaccines work?**

Moderna and Pfizer vaccines use mRNA technology. You might think about mRNA vaccines as being like an email that sends instructions to your body about how to fight off an infection. When you get an mRNA vaccine for COVID-19, your body reads the instructions about what to do if it encounters the virus that causes COVID-19. Once your body learns these instructions, it deletes the email.

It is important to understand that mRNA vaccines do not change or interact with the DNA in our bodies in any way because mRNA never enters the nucleus of the cell, which is where our DNA is kept. The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions.

### **How does the Johnson & Johnson vaccine work differently from Pfizer or Moderna?**

The Johnson & Johnson vaccine is an adenovirus (or viral) vector vaccine. The viral vector vaccine carries a gene from the coronavirus into human cells, which then produces the coronavirus spike protein, but not the coronavirus itself. This spike protein is what causes the immune system to fight off the infection. The adenoviral vector cannot replicate, so you cannot get an infection from this vaccine.

### **Who should not get the COVID-19 vaccine?**

- People who have a known history of a severe allergic reaction to any component of the vaccine
- The Moderna and Johnson & Johnson vaccines are not available to persons under 18 years of age
- The Pfizer vaccine is not available to children under age 5
- People who have fever on the day of the vaccine
- People who are on quarantine or isolation for COVID exposure or disease
- People who have been treated with convalescent plasma or monoclonal antibody therapy for COVID-19 within the last 90 days

The Food and Drug Administration (FDA) has authorized two vaccines for people 18 and older and one vaccine for people 5 and older. The Centers for Disease Control and Prevention (CDC) recommends that everyone eligible to receive the vaccine get it, especially adults of any age with certain underlying medical conditions because they are at an increased risk for severe illness from the virus that causes COVID-19.

People can receive the COVID-19 vaccines if they have not had an immediate or severe allergic reaction to any of the ingredients in the vaccine. More information about COVID-19 vaccines and allergic reactions is available on the CDC's website. Ask your healthcare provider if you have any questions about your health history and the vaccine.

### **Can I get COVID-19 from the COVID-19 vaccine?**

No. You will not get COVID-19 from receiving the COVID-19 vaccine because there is no live virus in the COVID-19 vaccines.

### **If I already had COVID-19 and recovered, should I still get vaccinated?**

As long as you have recovered from your acute COVID-19 illness and are no longer contagious, you should get the vaccine because of the risk of reinfection and enhanced protection from the illness plus the vaccine.

### **How long do I need to wait if I had or need to get a non-COVID-19 vaccine?**

COVID-19 vaccines and other vaccines may now be administered without regard to timing. This includes simultaneous administration of the COVID-19 vaccine and other vaccines on the same day, as well as co-administration within 14 days.

### **Is it safe for people who are trying to conceive, pregnant or breastfeeding to get the COVID-19 vaccine?**

COVID-19 vaccination is recommended for people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. Evidence about the safety and effectiveness of COVID-19 vaccination during pregnancy has been growing. These data suggest that the benefits of receiving a COVID-19 vaccine outweigh any known or potential risks of vaccination during pregnancy. There is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems in women or men.

Pregnant and recently pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people. Getting a COVID-19 vaccine can protect you from severe illness from COVID-19.

For more information about COVID-19 vaccines and pregnancy, visit <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>

### **Once I get the COVID-19 vaccine, should I still follow the safety precautions like wearing a facial mask, proper hand hygiene and social distancing?**

Everyone is recommended to still follow safety measures after getting the COVID-19 vaccine.

Mild breakthrough disease and asymptomatic infection can occur in vaccinated persons and if this happens, the person can spread the infection to others.

### **What do I do if I lose my vaccination card?**

You can obtain your record and a QR code (SMART Health Card) at [myvaccinerecord.cdph.ca.gov](http://myvaccinerecord.cdph.ca.gov).

If you received one or more doses at Valley Children's Hospital, your vaccine information – including the date of vaccine and lot number – are available through MyChart. If you need a replacement vaccine card, please call Valley Children's Health Information Management office at 559-353-5404. You will need to show identification when picking up the card.

### **What is Valley Children's doing as a precaution to protect patients and staff members?**

Valley Children's is committed to keeping our patients, families and healthcare providers as safe as possible from the spread of respiratory viruses, including COVID-19 (novel coronavirus). In order to keep our patients, families and healthcare providers as safe as possible from the spread of respiratory viruses, additional screening precautions and visitor restrictions are in place.

These changes are prompted by our commitment to patient and family-centered care and implemented with confidence that we can continue our emphasis on the safety of our patients, families and each other. Safety measures in place include improved air handling/ventilation, staff and visitor screening, continued staff vaccinations and adequate PPE supplies.

#### *Valley Children's Hospital*

Valley Children's Hospital allows two parents/direct caregivers per patient (including COVID+ patients) during their inpatient hospital stay, along with visits to outpatient (specialty and primary care), laboratory and imaging appointments. Other visitors and non-essential vendors are not allowed to enter. Please be advised, this may require securing arrangements for siblings or other visitors.

Parents/guardians of admitted patients are not required to show proof of COVID-19 vaccination or a negative COVID 19 test. If they would like to receive the vaccine or a test, we will arrange that in their child's room.

#### *Valley Children's Specialty Care Centers and Primary Care Practices*

Two parents/caregivers may accompany a child to appointments in our specialty and primary care practices. We encourage parents/caregivers to secure arrangements for siblings, when possible, as space is very limited in waiting areas.

#### *Emergency Department and Perioperative Areas*

At this time, visitors to the Emergency Department and Perioperative areas (for procedures that require anesthesia or sedation) will be limited to one parent/guardian or direct caregiver of patients. Other visitors and non-essential vendors will not be allowed to enter.

#### *Screenings and Mask Policy*

Patients and parents/guardians are screened at all entrances – in all Valley Children's facilities - with questions regarding health and a temperature check. Valley Children's also requires all visitors to wear a mask in every location, at all times. (The only exception is inpatient units of the Madera Hospital campus when a parent/guardian is in their child's room. Adults must put masks back on every time a Valley Children's team member is present.) In addition, everyone entering Valley Children's Hospital must wear the surgical masks provided at screening.

#### *Vendor and Employee Guidelines*

All vendors entering Valley Children's Hospital are required to be fully vaccinated and boosted, if eligible to receive a booster dose, and must be prepared to show proof of COVID-19 vaccination to security upon entry. No exemptions are accepted.

Additionally, vaccines are mandatory for all Valley Children's employees and providers. Boosters are also required for all those eligible to receive them. For those with an approved medical or religious exemption, twice-weekly COVID-19 testing is required.

### **What should I do if I, or my child, is ill or showing symptoms of COVID-19?**

Valley Children's Healthcare offers an online COVID-19 Symptom Checker as a resource to help guide you, based on you or your child's current symptoms and help determine the most appropriate level of medical care. This symptom checker can be found at [valleychildrens.org/COVID19symptoms](https://valleychildrens.org/COVID19symptoms).

If your child is experiencing a medical emergency, please call 911 or visit the closest emergency department. If an emergency room visit is appropriate, please let staff know about your possible exposure and/or symptoms immediately on arrival.

### **Where can I find more information about COVID-19?**

You can find the most up-to-date information COVID-19 from the Centers for Disease Control at [www.cdc.gov](https://www.cdc.gov). You can also view updates from the California Department of Public Health on their COVID-19 page [here](#).

### **What is Valley Children's Hospital doing to prepare for a surge due to COVID-19?**

Valley Children's Hospital has adopted California SARS-CoV-2 Pandemic Crisis Care Guidelines to manage surge operation and crisis care including allocation process for ICU admission/ventilation. The shift to delivering crisis care happens at the extreme. During normal times, customary routine services are provided through standard operating procedures. As resources become constrained, from facilities to supplies to staffing, systems shift from conventional care into contingency care. Crisis care falls at the far end of the spectrum, when resources are scarce and the focus shifts from providing the best care for the individual patient to delivering the best care for the patient population.