Welcome to
Talking with Parents about COVID-19 Vaccines for Children

March 24, 2023
12:00PM – 1:00PM
Questions

During today's session, please use the Q&A panel to ask your questions so CDPH subject matter experts can respond directly.

Resource links will be dropped into, “Chat”
Housekeeping

For Attendees: Please access today’s slides through the following link: https://eziz.org/covid/crucialconversations

Please use “Q&A” to ask questions.

For post-webinar questions, contact rachel.jacobs@cdph.ca.gov
Webinar Objectives

• Understand why COVID-19 vaccination is important for children
• Understand recommendations for pediatric COVID-19 vaccination
• Improve confidence in having conversations with parents about COVID-19 vaccines
## Agenda: Friday, March 24, 2023

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Speaker(s)</th>
<th>Time (PM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Welcome</td>
<td>Rachel Jacobs (CDPH)</td>
<td>12:00 – 12:05</td>
</tr>
<tr>
<td>2</td>
<td>Talking with Parents about COVID-19 Vaccines for Children</td>
<td>Emma B. Olivera, MD, FAAP (#VacunateYa)</td>
<td>12:05 – 12:40</td>
</tr>
<tr>
<td></td>
<td>Questions &amp; Answers</td>
<td></td>
<td>12:40 – 12:55</td>
</tr>
<tr>
<td>3</td>
<td>Resources, Poll, and Wrap-Up</td>
<td>Rachel Jacobs (CDPH)</td>
<td>12:55 – 1:00</td>
</tr>
</tbody>
</table>
Poll: CDPH Appreciates Your Feedback!

How confident are you in your ability to speak effectively with parents about COVID-19 vaccines?

- Very confident
- Confident
- Somewhat confident
- Slightly confident
- Not confident
Talking with Parents about COVID-19 Vaccines for Children
Emma B. Olivera, MD, FAAP
#ThisIsOurShot #VacunateYa
COVID-19 Related Pediatric Cases and Deaths
Why we are still talking about this

Fig 2. Cumulative Number of Child COVID-19 Cases: 3/9/23

- 15,493,835 total child COVID-19 cases (cumulative)
- Among states reporting:
  - Eight states reported 500,000+ child cases
  - Two states reported fewer than 50,000 child cases

See detail in Appendix 3A & 3B. Data from 42 states, NYC, & PR (See note below on states not included in figure).
All data reported by state/local health departments are preliminary and subject to change.
Analysis by American Academy of Pediatrics and Children’s Hospital Association.
See detail in State-Level Figures. For 8 states (AL, HI, DC, MS, SC, NE, AK, & HI), cumulative child cases and total cases for all ages are not current. Please 7 states, TN, and WI are not included in the figure.
For 3 states, due to available data, DE cumulative child cases and total cases through 3/3/23; KY and TN cumulative cases and total cases through 3/23.
As of 3/23, due to change in available data, VA cumulative child cases and total cases through 3/23.
COVID-19 Related Pediatric Cases
Why we are still talking about this

Fig 6. United States: Number of COVID-19 Cases Added in Past Week for Children and Adults*

AAP COVID Data Report
Severity of COVID-19-Associated Hospitalization Among Children and Adolescents 6 months – 17 years
December 19, 2021 – March 31, 2022 (Omicron period)

BiPAP: bilevel positive pressure, CPAP: continuous positive pressure
CDC ACIP Meeting 6.17.2022: COVID-19 epidemiology in children ages 6 months–4 years
COVID-19 Related Pediatric Cases
Multisystem Inflammatory Syndrome in Children (MIS-C)

• Condition where different internal and external body parts become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal tract

• MIS-C and MIS-A Signs and Symptoms
Ongoing fever PLUS more than one of the following:
  o Stomach pain
  o Bloodshot eyes
  o Diarrhea
  o Dizziness or lightheadedness (signs of low blood pressure)
  o Skin rash
  o Vomiting
COVID-19 Related Pediatric Cases
Multisystem Inflammatory Syndrome in Children (MIS-C) Cases in the United States

CDC-reported cases of MIS-C as of February 27, 2023:

• The median age of patients with MIS-C was 9 years. Half of children with MIS-C were between the ages of 5 and 13 years.

• 57% of the reported patients with race/ethnicity information available (N=8,846) occurred in children who are Hispanic/Latino (2,333 patients) or Black, Non-Hispanic (2,685 patients).

• 98% of patients had a positive test result for SARS CoV-2, the virus that causes COVID-19. The remaining 2% of patients had contact with someone with COVID-19.

• 60% of reported patients were male.
COVID-19 Related Pediatric Cases

Long COVID

- Meta-analyses revealed that the prevalence of more than 40 long-COVID symptoms in children and adolescents.
- The presence of one or more symptoms following a SARS-CoV-2 infection was 25.24%.
- Most prevalent clinical manifestations were mood symptoms (16.50%), fatigue (9.66%), and sleep disorders (8.42%).
- Children infected by SARS-CoV-2 had a higher risk of persistent dyspnea, anosmia/ageusia, and/or fever compared to controls.
Vaccine Effectiveness Against Long COVID

- We are still learning about Long COVID in children. Children have reported ongoing respiratory, cardiac, neurologic, and other symptoms following COVID-19 infection.
- Research in adults suggests that people who are vaccinated against COVID-19 are less likely to develop Long COVID.

Fig. 3: Risk and 6-month excess burden of post-acute sequelae in people with BTI compared to those with SARS-CoV-2 infection without prior vaccination.

AAP: Post COVID-19 Conditions in Children and Adolescents
Nature Medicine: Long COVID after breakthrough SARS-CoV-2 infection
During the Omicron period, unvaccinated children were more than twice as likely to be hospitalized for COVID.
Vaccine Effectiveness Against Hospitalization

Vaccination lowered the risk of critical COVID-19 hospitalization by 79% during the Omicron period.

**NEJM: BNT162b2 Protection against the Omicron Variant in Children and Adolescents**
Vaccine Effectiveness Against Multisystem Inflammatory Syndrome (MIS-C)

- Multisystem Inflammatory Syndrome in Children (MIS-C) is a serious condition that can happen in children after infection with COVID-19, even if they had mild symptoms or no symptoms at all.
  - The COVID-19 vaccine lowers the risk of MIS-C by 91%, according to data from July-December 2021.
  - In California, there were 1,048 reported cases of MIS-C, many of which were admitted to an ICU (as of 12/19).
Vaccine Schedule
Routine immunization schedule 2023

2023 Recommended Immunizations for Children from Birth Through 6 Years Old

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>At Birth</th>
<th>1 MONTH</th>
<th>2 MONTHS</th>
<th>4 MONTHS</th>
<th>6 MONTHS</th>
<th>12 MONTHS</th>
<th>15 MONTHS</th>
<th>18 MONTHS</th>
<th>19–23 YEARS</th>
<th>2–3 YEARS</th>
<th>4–6 YEARS</th>
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<tr>
<td>HepB</td>
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<td>PCV13, PCV15</td>
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<td>COVID-19*</td>
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<td>COVID-19*</td>
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<td>Flu</td>
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<td></td>
<td></td>
<td></td>
<td>Flu (One or Two Doses Yearly)*</td>
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<tr>
<td>MMR</td>
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<td>MMR</td>
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<td>Varicella</td>
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<td>Varicella</td>
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<td>HepA*</td>
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<td></td>
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<td></td>
<td>HepA*</td>
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</tr>
</tbody>
</table>

CDC Immunization Schedule 2023
Coadministration of COVID-19 Vaccines with other Vaccines

- In general, COVID-19 vaccines may be administered without regard to timing of other vaccines. This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day.
- In accordance with general best practices, routine administration of all age-appropriate doses of vaccines simultaneously is recommended for children for whom no specific contraindications exist at the time of the healthcare visit.

CDC Interim Clinical Considerations for Use of COVID-19 Vaccines
COVID-19 Coadministration Tips
California Vaccination Status by Age
As of May 17, 2023

- Only **8.1%** of children ages 6 months – 4 years have received their primary vaccination series.
- **37.7%** of children ages 5-11 have received their primary vaccination series.
Vaccination Rates
Children 6 months through 4 years

As of March 1, 2023, the CDC recorded:

- 2.0 million US children ages 6 months - 4 years have received **at least one dose** of COVID-19 vaccine, representing 12% of 6 months – 4-year-olds.
- This past week about 13,000 children received their first vaccine dose.
- About 15.0 million children 6 months – 4-year-olds had yet to receive their first COVID-19 vaccine dose.
- Child vaccination rates vary widely across states, ranging from 2% to 43% receiving their first dose.
As of March 1, 2023, the CDC recorded:

- 11.1 million US children ages 5-11 have received **at least one dose** of COVID-19 vaccine, representing 39% of 5 – 11-year-olds.

- 9.2 million US children ages 5-11 completed the **2-dose** vaccination series, representing 32% of 5 - 11 year-olds.

- About 17.5 million children 5-11 had yet to receive their first COVID-19 vaccine dose.

- The past week about 7,000 received their first vaccine dose.

- Child vaccination rates vary widely across states, ranging from 17% to 82% receiving their first dose.
Vaccination Rates
Adolescents 12 years through 17 years

As of March 1, 2023, the CDC recorded:

• 17.9 million US children and adolescents ages 12-17 have received at least one dose of COVID-19 vaccine, representing 68% of 12 – 17-year-olds.

• 15.3 million of US children and adolescents ages 12-17 completed the 2 dose vaccination series, representing 58% of 12 – 17-year-olds.

• About 8.3 million children 12-17 had yet to receive their first COVID-19 vaccine dose. The past week about 7,000 received their first vaccine dose.

• Child vaccination rates vary widely across states, ranging from 40% to 100% receiving their first dose.
### COVID-19 Pediatric Vaccine Schedule

#### Routine Schedule

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine</th>
<th>1st Dose</th>
<th>2nd Dose</th>
<th>3rd Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months - 4 years</td>
<td>Pfizer/Infant/Toddler</td>
<td>3-5 weeks</td>
<td>6-8 weeks</td>
<td>2 weeks</td>
</tr>
<tr>
<td>6 months - 5 years</td>
<td>Moderna/Infant/Toddler</td>
<td>3-5 weeks</td>
<td>6-8 weeks</td>
<td>2 weeks</td>
</tr>
<tr>
<td>6-11 years</td>
<td>Pfizer/Pediatric</td>
<td>3-5 weeks</td>
<td>6-8 weeks</td>
<td>2 weeks</td>
</tr>
<tr>
<td>6-11 years</td>
<td>Moderna/Pediatric</td>
<td>3-5 weeks</td>
<td>6-8 weeks</td>
<td>2 weeks</td>
</tr>
<tr>
<td>12+ years</td>
<td>Moderna/Ado/Adult</td>
<td>3-5 weeks</td>
<td>6-8 weeks</td>
<td>2 weeks</td>
</tr>
<tr>
<td>12+ years</td>
<td>Pfizer/Ado/Adult</td>
<td>3-5 weeks</td>
<td>6-8 weeks</td>
<td>2 weeks</td>
</tr>
<tr>
<td>18+ years</td>
<td>Novavax</td>
<td>3-5 weeks</td>
<td>6-8 weeks</td>
<td>2 weeks</td>
</tr>
</tbody>
</table>

#### Bivalent Booster*
- **Moderna**: 6 months - 5 years or 6+ years
- **Pfizer**: 5-11 years or 12+ years

For people who previously received a monovalent booster dose, the bivalent booster is administered at least 2 months after the last monovalent booster dose.

Children aged 6 months to 4 years who completed the Moderna primary series are eligible for the Moderna bivalent booster only.

Children aged 5 years who completed the Pfizer primary series are eligible for the Pfizer bivalent booster only.

#### Schedule for Moderately or Severely Immunocompromised

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine</th>
<th>1st Dose</th>
<th>2nd Dose</th>
<th>3rd Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months - 4 years</td>
<td>Pfizer/Infant/Toddler</td>
<td>1st dose</td>
<td>3 doses</td>
<td>2 weeks</td>
</tr>
<tr>
<td>6 months - 5 years</td>
<td>Moderna/Infant/Toddler</td>
<td>1st dose</td>
<td>3 doses</td>
<td>2 weeks</td>
</tr>
<tr>
<td>6-11 years</td>
<td>Pfizer/Pediatric</td>
<td>1st dose</td>
<td>3 doses</td>
<td>2 weeks</td>
</tr>
<tr>
<td>6-11 years</td>
<td>Moderna/Pediatric</td>
<td>1st dose</td>
<td>3 doses</td>
<td>2 weeks</td>
</tr>
<tr>
<td>12+ years</td>
<td>Moderna/Ado/Adult</td>
<td>1st dose</td>
<td>3 doses</td>
<td>2 weeks</td>
</tr>
<tr>
<td>12+ years</td>
<td>Pfizer/Ado/Adult</td>
<td>1st dose</td>
<td>3 doses</td>
<td>2 weeks</td>
</tr>
<tr>
<td>18+ years</td>
<td>Novavax</td>
<td>1st dose</td>
<td>2 doses</td>
<td>2 doses of Moderna/Pfizer</td>
</tr>
</tbody>
</table>

#### Bivalent Booster*
- **Moderna**: 6 months - 5 years or 6+ years
- **Pfizer**: 5-11 years or 12+ years

For people who previously received a monovalent booster dose, the bivalent booster is administered at least 2 months after the last monovalent booster dose.

Children aged 6 months to 4 years who completed the Moderna primary series are eligible for the Moderna bivalent booster only.

Children aged 5 years who completed the Pfizer primary series are eligible for the Pfizer bivalent booster only.

* See schedule for children in transition from a younger to older age group.

** Although use of mRNA COVID-19 and Novavax vaccine is preferred, the Janssen vaccine may be offered in some situations.

*** For people who have not received any booster doses and are unable or unwilling to receive Moderna or Novavax vaccines, the Novavax/Janssen booster may be administered as a single booster dose at least 6 months after completion of the primary series to people 18 years and older.**

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*See Vaccine Clinical Considerations for Use of COVID-19 Vaccine for details. Schedule is subject to change.

**See Vaccine Clinical Considerations for Use of COVID-19 Vaccine for details. Schedule is subject to change.

[Image of COVID-19 Vaccine Schedule]
One In Five Parents Of Children Under 5 Want To Vaccinate Their Child For COVID-19 Right Away When Authorized, But Four In Ten Want To Wait And See

Thinking about your child between the ages of...have they received at least one dose of a COVID-19 vaccine, or not? If not, do you think you will get them vaccinated...?

<table>
<thead>
<tr>
<th>Ages</th>
<th>Child is vaccinated</th>
<th>Right away</th>
<th>Wait and see</th>
<th>Only if required</th>
<th>Definitely not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 12-17</td>
<td>56%</td>
<td></td>
<td></td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>Ages 5-11</td>
<td>39%</td>
<td>13%</td>
<td>12%</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>Under 5</td>
<td>18%</td>
<td>38%</td>
<td>11%</td>
<td>27%</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Asked of parents or guardians of children under 18. For parents of children under 5, question was worded "Thinking about your child under the age of 5, once there is a COVID-19 vaccine authorized and available for your child’s age group, do you think you will...?" See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor (April 13-26, 2022) • PNG
Discussing COVID-19 Vaccines
Raising Awareness and Urgency

- Parents may be unaware that their infants/toddlers are eligible for COVID-19 vaccines.
- Parents may not think their children need the COVID-19 vaccine.
- Vaccine safety is a top concern among parents.

U.S. Census Bureau Week 47 Household Pulse Survey: June 29 - July 11
To address patients concerns related to myths and misinformation, use the 3-5-3 method.
3 Steps to Initiating/Continuing Conversations

1. Ask and listen to the answer
   “What do you think about the vaccine?”
   “Why do you feel that way?”
   “What concerns do you have about the vaccine?”

2. Create an alignment of safety
   “I would be scared too. Let’s do what’s safe here.”
   “We both want what’s safest for you.”

3. Find common goals
   “We all want to be able to safely be with our loved ones again.”
   “What reasons would motivate you to get vaccinated?”
   Find their personally motivating reason.
Key Messages

1. The vaccine will keep you safe.

The vaccine will protect you from getting very sick. Over 250 million Americans have been safely vaccinated and are now protected.
Key Messages

Mild side effects are common.

Side effects are a sign that your body is protecting you. For a few days after vaccination, many people temporarily feel:

- Sore arm (at administration site)
- Tired or fatigue
- Headache
- Muscle pain
- Joint pain
Vaccine Safety: Myocarditis

- Myocarditis, or inflammation of the heart, is a rare side effect of some COVID-19 vaccines, but in school-aged children, myocarditis has been very rare.

- For all ages, the average risk of myocarditis from the vaccine is 1 in 200,000, which is 10 times less likely than being struck by lightning.

- No cases of myocarditis seen in clinical trials for children 6 months – 5 years.
Vaccine Safety: Myocarditis

- Even for older children and adults, the risk of myocarditis is much higher from COVID-19 infection than it is from the vaccine, and myocarditis is usually much more serious after COVID-19 infection than after immunization.
- In a study of children with MIS-C, over 75% had myocarditis.
- One study showed vaccine-associated myocarditis was relatively mild compared to myocarditis from MIS-C and COVID-19 infection.
Vaccines are very effective.

Each vaccine is extremely effective at preventing hospitalization and death from COVID-19 and its variants.
The vaccine is built on 20 years of research and science.

It is good to be careful when new things come along. Health experts took all the necessary steps to produce a safe vaccine, and it was built on 20 years of research and science.
Have questions? Please ask.

I am glad you want to know more. Ultimately, the choice is yours. Today or when you’re ready, go to myturn.ca.gov or text your zip code to GETVAX or VACUNA to get your vaccine.
# COVID-19 Vaccine Language Tips

<table>
<thead>
<tr>
<th>Do Say</th>
<th>Don’t Say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination</td>
<td>Injection or shot</td>
</tr>
<tr>
<td>A safe and effective vaccine</td>
<td>A vaccine developed quickly</td>
</tr>
<tr>
<td>Authorized by FDA based on clinical testing</td>
<td>Approved by FDA; Operation Warp Speed; Emergency Use Authorization*</td>
</tr>
<tr>
<td>Get the latest information</td>
<td>There are things we still don’t know</td>
</tr>
<tr>
<td>Keep your family safe; keep those most vulnerable safe</td>
<td>Keep your country safe</td>
</tr>
<tr>
<td>Public Health</td>
<td>Government</td>
</tr>
<tr>
<td>Health/medical experts and doctors</td>
<td>Scientists</td>
</tr>
<tr>
<td>People who have questions</td>
<td>People who are hesitant, skeptical, resistant, or “anti-vaxxers”</td>
</tr>
</tbody>
</table>

* The perceived speed of vaccine development is a current barrier among many audiences. These recommendations are based partly on research conducted by the de Beaumont Foundation.
3 Steps Post-Conversation

1. Acknowledge their agency and personal choice

   “I want you to get vaccinated today, but ultimately it’s your choice.”

   “I'm here as a resource to help you.”

2. Keep lines of communication open

   Trust is a journey. Give folks a way to reach you that you are comfortable with as they consider their decision.

3. Offer to find a vaccine

   Offer myturn.ca.gov or have them text their zip code to GETVAX or VACUNA to find a free vaccine location in their neighborhood.
Questions

During today's session, please use the Q&A panel to ask your questions so CDPH subject matter experts can respond directly.

Resource links will be dropped into, “Chat”
Poll & Resources
Rachel Jacobs, CDPH
Poll: CPDH Appreciates Your Feedback

Following this webinar, how confident are you in your ability to talk effectively with parents about COVID-19 vaccines?

- Very confident
- Confident
- Somewhat confident
- Slightly confident
- Not confident
Communication Resources: Pediatric COVID-19 Vaccines

**Benefits of the COVID-19 vaccine (6 months-11 years)**

- The side effects of the vaccine are usually mild and can include:
  - crying
  - soreness
  - sleepiness
  - vomiting
  - headache
  - fever

- Vaccines contribute to kids’ mental health by allowing a return to normalcy:
  - activities they love
  - socializing with friends
  - celebrating milestones
  - attending school without interruption

- Ready to get your kids vaccinated? Visit myturn.ca.gov or call (833) 423-4256 to find a vaccination location near you.

**Communication Toolkit**

**SHOULD I GET THE VACCINE?**

**Benefits**

- Family healthy
- Safe
- Free
- Protect

**Types of COVID-19 Vaccines**

- **Moderna**
- **Pfizer**
- **Novavax**

**PEDIATRIC COVID-19 VACCINE FAQ**

- What is the most recent pediatric vaccine eligibility?
  - The FDA has authorized the Updated Bivalent COVID-19 Vaccine for infants and toddlers with no requirements for them to have received the primary series of the Moderna vaccine, or at least two months since their second primary series.

- What is the third dose of the Moderna primary series for infants and toddlers scheduled for?
  - The third dose of the Moderna primary series is scheduled for infants and toddlers at least two months after their second primary series.

- What are the common side effects of the COVID-19 vaccine?
  - Infants and toddlers in the age group can expect mild to moderate side effects, such as:
    - Fever
    - Headache
    - Runny nose
    - Cough
    - Feeding issues
    - Irritability

- Who should infants and toddlers get the Updated Bivalent COVID-19 Vaccine?
  - Infants and toddlers should receive the Updated Bivalent COVID-19 Vaccine at least two months after their second primary series.

- Why should infants and toddlers get the Updated Bivalent COVID-19 Vaccine?
  - The Updated Bivalent COVID-19 Vaccine provides additional protection against both the Delta and Omicron variants.

- What are the contraindications for the Updated Bivalent COVID-19 Vaccine?
  - The Updated Bivalent COVID-19 Vaccine is not recommended for infants and toddlers who have had a severe allergic reaction to a previous dose of COVID-19 vaccine.

**Vaccinate ALL 58**

Pediatric COVID-19 Vaccines Communication Toolkit
Toolkits, Fliers, Conversation Guides, and Videos

#ThisIsOurShot Toolkit
COVID-19 Crucial Conversations Campaign
Join #ThisIsOurShot / #VacunateYa for newsletters about COVID-19 and vaccine-related talking points, and social media tips for physicians: https://thisisourshot.info/ / https://vacunateya.com/

Join Shots Heard Round the World to connect with a network of health professionals dedicated to combating online harassment of HCPs: https://shotsheard.org/

Health Defend is the evolution of these three programs. It is designed to educate, empower, equip, and defend healthcare professionals so they feel confident amplifying their trusted voice through social media. https://www.healthdefend.com/
Next Crucial Conversations Webinar: Talking with Older Adult Patients about COVID-19

Please join Javier Sanchez, MD to discuss what your older patients need to know about COVID-19 vaccination and therapeutics.

**When:** Wednesday, April 5
**Time:** 12:00PM-1:00PM

[Register here!](#)
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<th>Type of Support</th>
<th>Description</th>
<th>Updated 11.15.22</th>
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| **COVID-19 Provider Call Center** | The COVID-19 Call Center for Providers and Local Health Departments is dedicated to medical providers in California and their COVID-19 response, specifically addressing questions about State program requirements, enrollment, and vaccine distribution, including the Vaccine Marketplace.  
• Email: covidcallcenter@cdph.ca.gov  
• Phone: (833) 502-1245, Monday through Friday from 8AM–6PM  |                 |
| **Enrollment Support**          | For Provider enrollment support, please contact myCAvax Clinic Operations at  
• Email: myCAvaxinfo@cdph.ca.gov                                                                                                                  |                 |
| **myCAvax Help Desk**           | Dedicated staff provide up-to-date information and technical support on the myCAvax system.  
• Email: myCAvax.HD@cdph.ca.gov  
• Phone: (833)-502-1245, option 3, Monday through Friday 8AM–6PM  
For training opportunities: [https://eziz.org/covid/education/](https://eziz.org/covid/education/)  |                 |
| **My Turn Clinic Help Desk**    | For onboarding support (those in the process of onboarding): mytumonboarding@cdph.ca.gov  
For technical support with My Turn Clinic for COVID-19 and flu vaccines: mail to: MyTurn.Clinic.HD@cdph.ca.gov  
or (833) 502-1245, option 4: Monday through Friday 8AM–6PM  
| **Archived Communications**     | For archived communications from the COVID-19 Provider Call Center about the California COVID-19 Vaccination Program  
• Website: [EZIZ Archived Communications](https://eziz.org/covid/myturn/)|                 |
Upcoming Opportunities

Monday
My Turn and myCAvax Office Hours
Next session: Monday, April 3, 12PM-1PM

Friday
Provider Consolidated Webinar
Next session: Friday, April 7, 9AM-10:30AM

Note: New session length of 90 minutes to include COVID-19 Vaccine and COVID-19 Therapeutics

Thank you for joining CDPH for today’s Crucial Conversations Webinar!
Special Thanks to

Today's Presenter:

Emma B. Olivera, MD, FAAP

Webinar Planning & Support:

Charles Roberts, Billie Dawn Greenblatt, Laura Lagunez-Ndereba, Tyler Janzen, Leslie Amani