

Welcome to the Webinar: COVID 19 Vaccines and Children with Developmental Disabilities: Let's Talk

We will start the presentation shortly.

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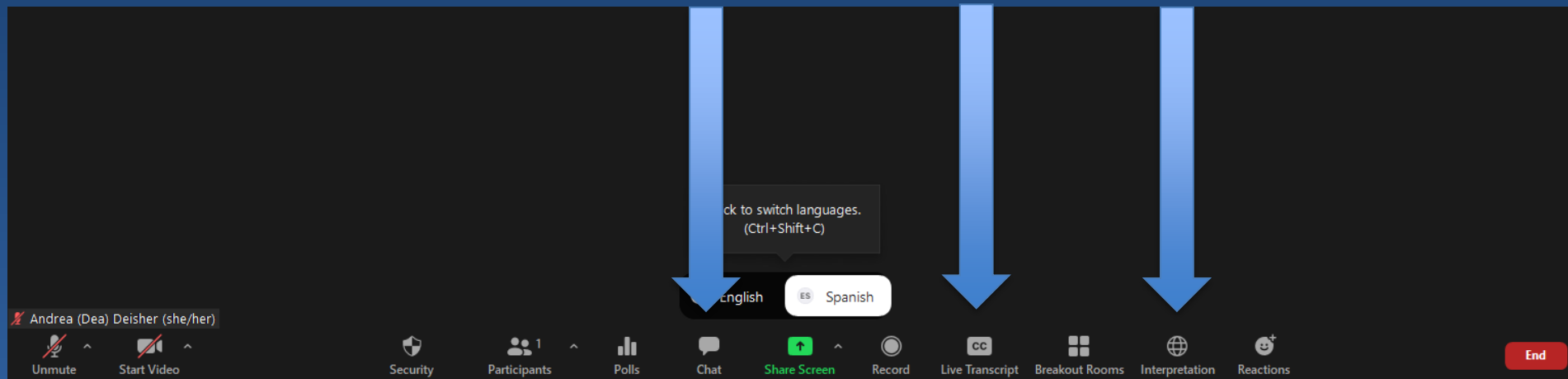


Developmental
Disabilities
Planning Council



Zoom Ground Rules

- Please stay muted for the entirety of the presentation
- Put any questions in the Chat box. You can write them in Spanish or English.
- For Closed Captioning please click the CC icon highlighted below.
- For Spanish interpretation please click the globe icon highlighted below and click Spanish.
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COVID 19 Vaccines and Children with Developmental Disabilities: Let's Talk

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November 17, 2021



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Evaluate the source of information...

I have *no disclosures*

I am not paid by any companies that make vaccines

I am not in the business of developing or selling vaccines

I don't serve as an expert witness for or against cases alleging damage from vaccines

I don't purchase or bill for vaccines

My goal for today is to give you the information that you need as parents & answer your questions/concerns to allow you to make the best choice for your child

Outline

1. The COVID-19 vaccine for children 5-11 is here
2. COVID-19 risk for children
3. The COVID-19 vaccine details
 - Approval status
 - Studies
 - Side effects
 - Contraindications
4. COVID-19 risks for children with Developmental Disabilities
5. Vaccine hesitancy for parents who are already vaccine hesitant
6. Q & A

A COVID-19 Vaccine for Young Children is **Here**

28 million 5–11-year-old children are now eligible to get vaccinated.

The CDC endorsed the Pfizer/BioNTech vaccine for kids between 5-11 after an advisory committee voted 14-0 to recommend the shots based on clinical trials in this age group.

The move comes after the FDA granted an emergency use authorization (EUA) for the vaccine concluding that its benefits outweigh the risks in kids during the pandemic.

The FDA oversees studies to determine whether a vaccine is safe and effective, and the CDC decides on policy: who would benefit from the vaccine and should get vaccinated.

COVID-19 Risk for Children

- The virus has not spared little kids:
 - As of **October 28, 2021**, 6.4 million American children tested positive for COVID-19, representing 16.6% of all cases. (AAP)
 - 8,300 Children have been hospitalized with COVID.
 - 172 children in the 5-11 age group have died. (This number has increased to 191 as of Nov. 14th 2021)
 - COVID-19 was the number 6 leading cause of death for children last month.
 - More than 5,200 children and teens developed MIS-C, Multisystem Inflammatory Syndrome in Children (affecting the heart, lungs, kidneys, brain, skin, eye, and GI) that often leads to ICU admission due to COVID-19. The median age is 9 years.
 - Hard to predict which kids will develop severe COVID or MIS-C: 30% of kids hospitalized had no underlying health conditions.
 - Black, Native American, and Hispanic children were 3x more likely to be hospitalized than white children (CDC).

COVID-19 Risk for Children (cont'd)

- While severe illness and death from COVID-19 is far more rare in children than adults, it does happen.
- With vaccination, such tragedies are much less likely.
 - Unvaccinated teens hospitalized at 10x the rate of vaccinated.
- The AAP recommends all 5-11 to get vaccinated.
- Pediatricians urge parents not to wait: “You cannot predict in a normal healthy child who is going to get very sick and who is not. Vaccinating is the best way to protect your child against getting severe COVID illness.”
- A young child being vaccinated can also decrease the chances of their transmitting disease to more vulnerable family members.
- Transmission increases the chances that the virus will mutate and acquire dangerous properties.

The COVID-19 Vaccine Approved for Children: **The Details**



Children are not little adults. They are smaller and their immune systems function differently (BETTER)

5–11-year-olds are authorized to receive the Pfizer/BioNTech COVID-19 pediatric vaccine.

It's given at a lower dose than the adult version: Pfizer found that a 10-microgram dose for 5–11-year-olds generated a strong immune response and few side effects. (The pediatric dose is 1/3 of the 30-mcg dose for 12+)

It uses smaller needles specifically designed for children's comfort.

Like for adults, it is a 2-dose vaccine protocol with children receiving their second shot 3 weeks after their first.

Children are considered fully vaccinated 2 weeks after they receive the second dose.

How Do Vaccines Work?

A vaccine trains the immune system to recognize and fight viruses or bacteria.

To do this, certain molecules from the virus/bacteria must be introduced into the body to trigger an immune response.

These molecules are called *antigens*. By injecting these antigens into the body, the immune system can safely learn to recognize them as hostile invaders, produce antibodies which fight antigens, and remember them for the future.

If the bacteria or virus reappears, the immune system will recognize the antigen immediately and attack it.

Pfizer is an mRNA Vaccine

How the mRNA COVID-19 vaccines work

Getting vaccinated helps protect you, and may protect your family and friends. Two mRNA COVID-19 vaccines have been authorized for use in the U.S.: Pfizer-BioNTech and Moderna.



1. Instruct
mRNA enters your body with instructions to make a spike protein that is found on the virus that causes COVID-19.

2. Produce
Your body makes the spike protein. This causes the body to make antibodies.



3. Remove
Your body breaks down and gets rid of the mRNA.

4. Defend
If the virus that causes COVID-19 enters your body, the antibodies will recognize and fight the virus, protecting you from getting sick.



mRNA Vaccine Facts

- The COVID-19 vaccines have gone through extensive clinical studies that have been reviewed by the Food and Drug Administration (FDA) and other experts. The vaccines have been shown to be safe and very effective at protecting people from severe COVID-19 illness.
- The mRNA vaccines do not contain the virus that causes COVID-19.
- You cannot get COVID-19 from the vaccines.
- The vaccines cannot change your DNA.

For information on vaccination eligibility, visit [nyc.gov/covidvaccinedistribution](https://www.nyc.gov/covidvaccinedistribution). To find a vaccination site and make an appointment, visit [nyc.gov/vaccinefinder](https://www.nyc.gov/vaccinefinder) or call 877-VAX-4NYC (877-829-4692).

To learn more about COVID-19 vaccines, talk to your health care provider, visit [nyc.gov/covidvaccine](https://www.nyc.gov/covidvaccine) or call 311.



The NYC Health Department may change recommendations as the situation evolves. 3121

Herd Immunity

- Vaccines don't just work on an individual level; they protect entire populations.
- Once enough people are immunized, opportunities for an outbreak of disease become so low even people who aren't immunized benefit. Bacteria or viruses simply won't have enough eligible hosts to establish a foothold and will eventually die out entirely.
- This phenomenon is called "Herd immunity" or "community immunity" and it has allowed once devastating diseases to be eliminated entirely, without needing to vaccinate every individual.

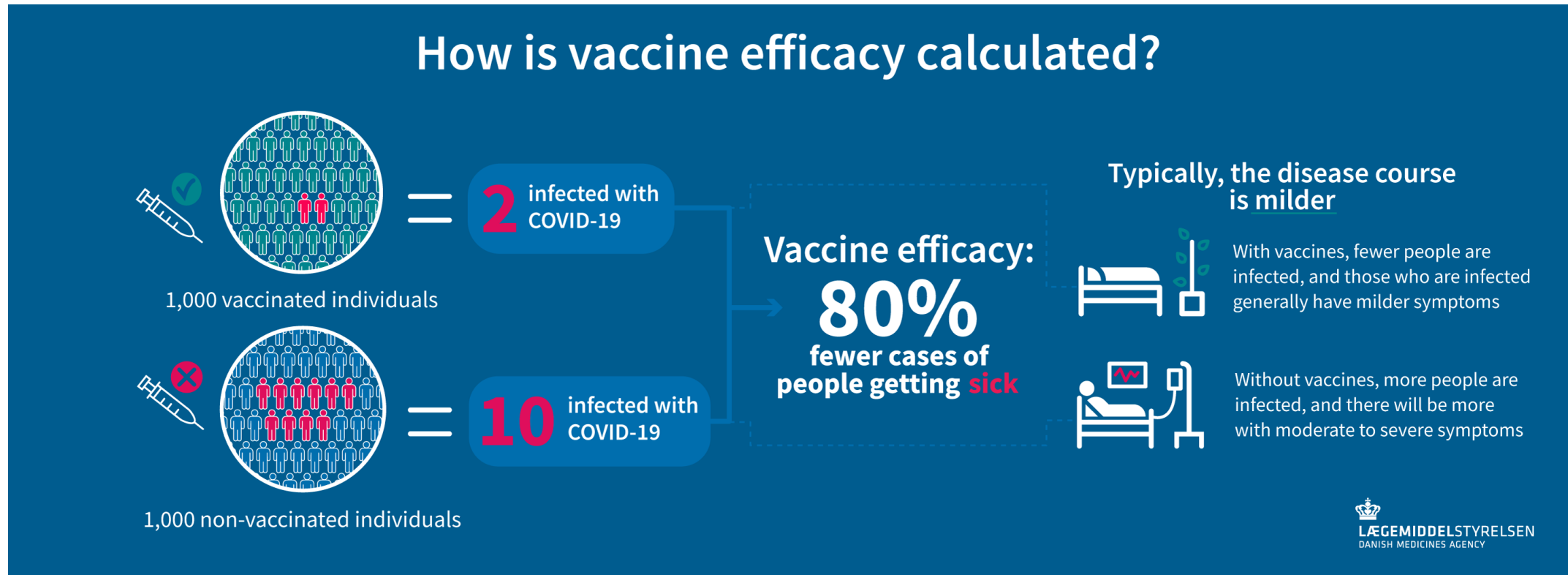
HERD IMMUNITY COVID-19



Clinical Studies with Young Children: to test safety, immunogenicity, and efficacy

- The vaccine benefit was tested on 4,600 children in this 5-11 yr age group, and it was 91% effective in generating antibodies and protective against getting COVID (which is a very strong response for any vaccine).
- The children had similar or fewer side effects than teens and adults.
 - Most common: pain at the injection site, low grade fever, fatigue, headache, and muscle ache resolving in 2-3 days.
- Myocarditis, the most serious side effect associated with the vaccine is extremely rare (prevalence rate of .00001) and was not seen in this age group. (It is most prevalent in teenage boys and young men, with no fatalities.) We will discuss this more later on in the presentation.

The COVID-19 Vaccine was found to have **91%** efficacy in children ages 5-11. What does this mean?



** In the Pfizer COVID-19 vaccine trial in 5-11 yo, the finding of 91% efficacy means that: of 1,000 vaccinated children, 9 were infected and of 1,000 unvaccinated children, 100 were infected. The vaccine protected 91 children from getting infected.

Demographics of the COVID-19 Vaccine study population, 5-11y

- N= 2268
- 20% Hispanic, 6% Black
- Mean age- 8.2 yr
- Comorbidities were present in 20.6% of the participants including:
 - Obesity
 - Chronic Lung Disease
 - Asthma
 - Prematurity
 - Neurologic Disorder
 - Immunocompromised condition
 - Feeding tube dependent
 - Chronic metabolic disease
 - Diabetes mellitus
 - Blood disorders
 - Sickle cell disease
 - Cardiovascular disease
 - Congenital heart disease

Vaccine Contraindications

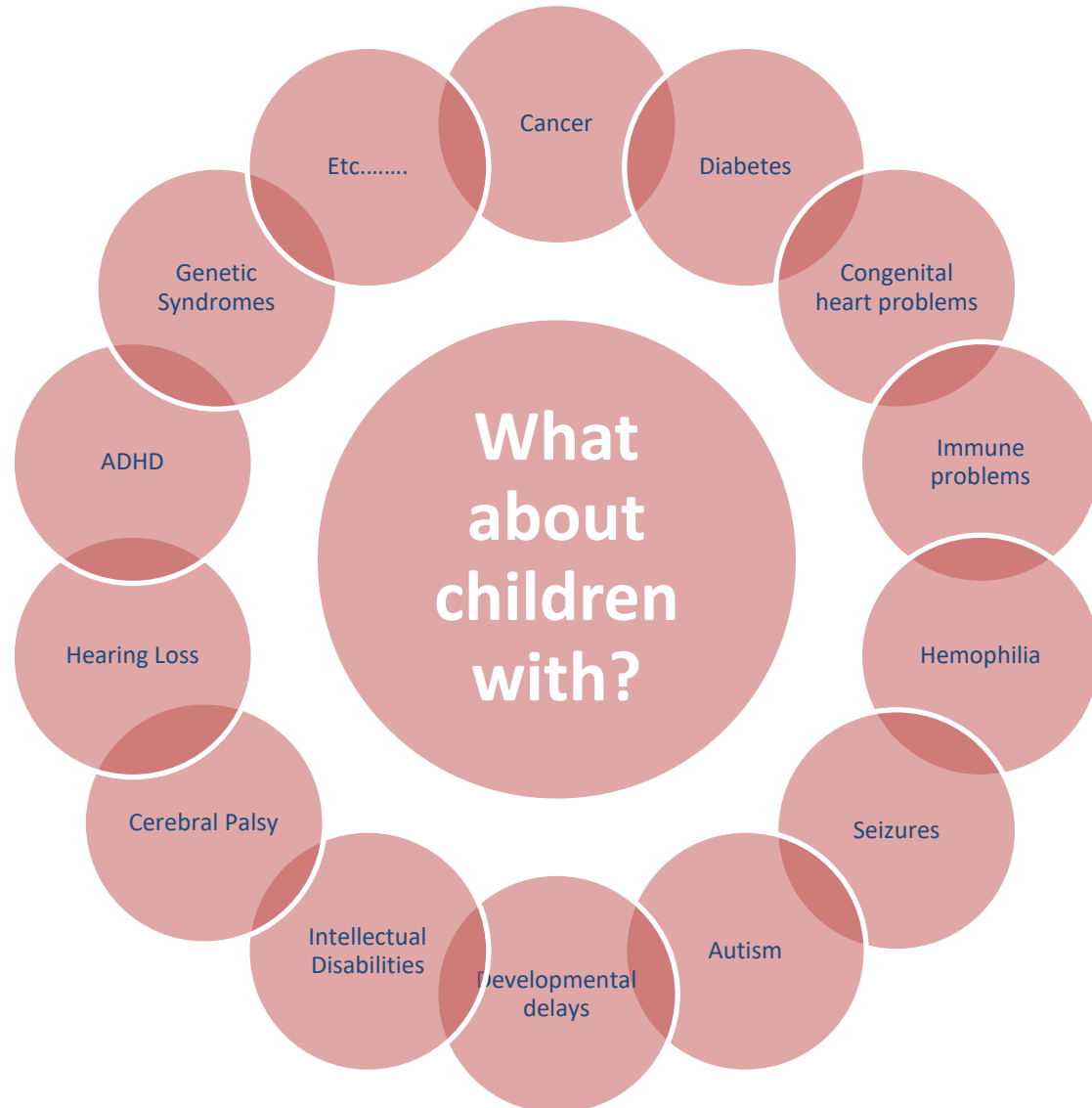
- The Vaccine is not recommended for people who are **severely allergic** to any vaccine ingredient or who had an allergic reaction to the first dose.
- The only ingredient in the vaccine found to elicit allergic reactions is polyethylene glycol. This is the main ingredient in Miralax (which many children are given for constipation). If your child has had no issues with Miralax, it is highly unlikely that your child will have an allergic reaction to the vaccine.
- The full list of ingredients can be found on the CDC website and is on the next slide.

Full list of ingredients

The Pfizer-BioNTech COVID-19 Vaccine (COMIRNATY) contains the following ingredients:

Type of Ingredient	Ingredient	Purpose
Messenger ribonucleic acid (mRNA)	<ul style="list-style-type: none">• Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	Provides instructions the body uses to build a harmless piece of a protein from the virus that causes COVID-19. This protein causes an immune response that helps protect the body from getting sick with COVID-19 in the future.
Lipids (fats)	<ul style="list-style-type: none">• 2[(polyethylene glycol (PEG))-2000]-N,N-ditetradecylacetamide• 1,2-distearoyl-sn-glycero-3-phosphocholine• Cholesterol (plant derived)• ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate)	Work together to help the mRNA enter cells.
Salts and sugar	<ul style="list-style-type: none">• Dibasic sodium phosphate dihydrate• Monobasic potassium phosphate• Potassium chloride (common food salt)• Sodium chloride (basic table salt)• Sucrose (basic table sugar)	Work together to help keep the vaccine molecules stable while the vaccine is manufactured, frozen, shipped, and stored until it is ready to be given to a vaccine recipient.

Wait a minute—What about other contraindications for vaccination???



- None of these conditions are contraindications.
- In fact, each of these conditions increase the risk of severe disease from COVID-19 and therefore their presence **strengthens the recommendation** for COVID-19 vaccination.

Developmental Disability is a Risk Factor for Severe COVID-19

A study of >64 million US patients of all ages by the NIH showed prevalence of COVID-19 was >4x higher among people with Intellectual and Developmental Disabilities (I/DD).

Among people with COVID, those with ASD, ID , LD, ADHD and other DD had 3-9x higher likelihood of hospitalization than those without these conditions and stayed longer.

The odds of mortality in the setting of COVID was 6x higher among patients who had an I/DD.

COVID-19 Disproportionately Impacted People with Disabilities



Risk of poor outcomes from COVID-19:

Individuals with intellectual and developmental disabilities are at a higher risk of dying from COVID-19 than those without such disabilities

6x

Those with intellectual disabilities were 6x more likely to die from COVID-19 than other members of the population

Psychological Distress

Activity restrictions can induce mental health stress - especially among those on the autism spectrum

Reduced access to routine health care and rehabilitation:

Telehealth

For some, telehealth provided opportunities to access care, for others, it posed additional challenges:



Blind/low vision: screen reader tools were not necessarily compatible



Cognitive disabilities: tools may be difficult to navigate



Deaf/hard of hearing: ASL interpreters or closed captioning unavailable

Caregivers



Individuals have experienced disrupted access to caregivers

Lack of resources available to support family caregivers

Interventions

Many interventions, including mental health & school-based, were not implemented due to reduced in-person work

Adverse social impacts:

Unemployment

During the first months of the pandemic, nearly **one million** U.S. workers with disabilities had lost their jobs, impacting:

1 in 5 workers with a disability



compared to

1 in 7 workers in the general population



Unmet Needs

For some, the pandemic impacted transportation options and reduced access to medications, food and other basic necessities



Home & community-based service providers did not receive the level of federal pandemic assistance made available to other providers, and at least half of states saw permanent closure of HCBS providers

There's more...

“People with disabilities have been differentially affected by COVID-19 because of three factors: the increased risk of poor outcomes from the disease itself, reduced access to routine health care and rehabilitation, and the adverse social impacts of efforts to mitigate the pandemic.”



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When COVID-19 closes your school, remember the students with disabilities

@MissRaesRoo

Approximately 17% of students have learning difficulties in reading & are 2.5 times more likely to drop out in high school

20% are de... with serio psychosoci stressors...

The brain identity seen for c as 13 mil Faster the

If a child can't learn the way we teach, maybe we should teach the way they

As divers grows...

3% of people say that a teacher can change the course of a student's life

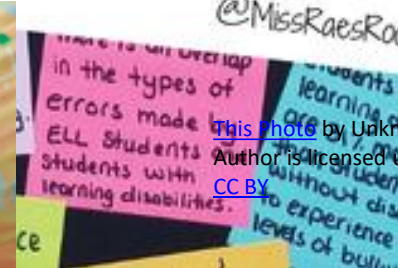
Compliment a kid today!

Over 80% the incarcerated population are high school dropouts

Learning to read is not a natural process. It must be taught



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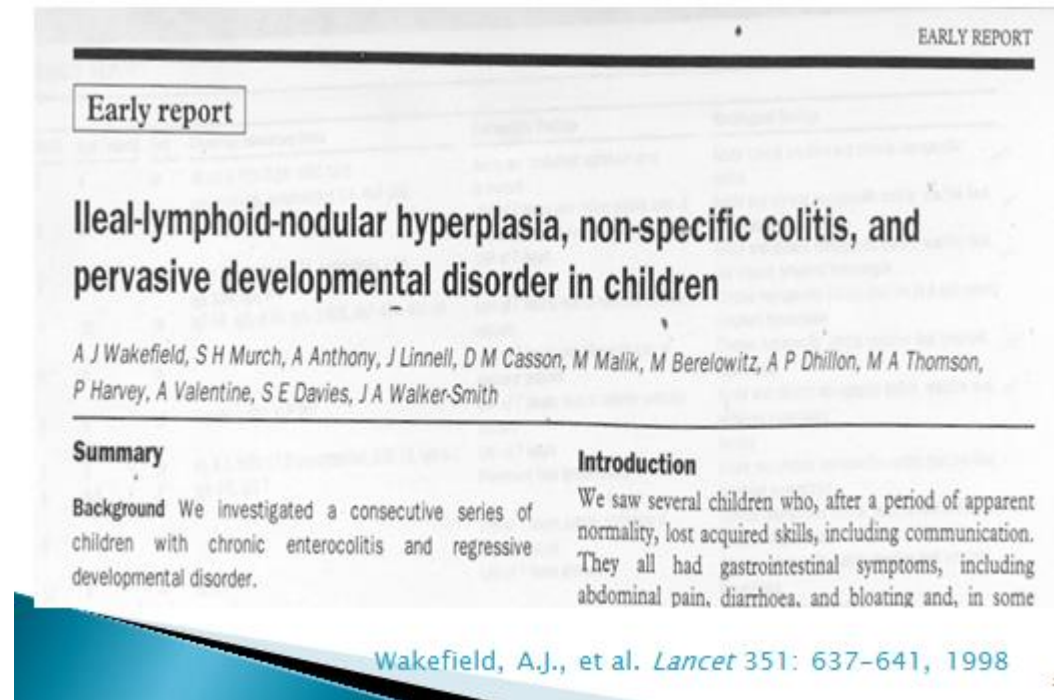
The Elephant in the Developmental Disability Clinic: Parents of children with Autism and DD tend to be more Vaccine Hesitant



Children with Autism and/or DD and their siblings have lower vaccination rates than other children. Their parents also have more vaccine hesitancy. **Why?**

There is a long history of concern that vaccines caused Autism and other Developmental Disabilities-**DISPROVEN**

- For the majority of children with Autism, the cause is unknown.
- That is a ripe scenario for postulating potential causes.
- In 1998, Andrew Wakefield, a British gastroenterologist claimed that he had found the cause of autism: the MMR vaccine.
- He reported data on 11 children with “regressive autism”.
- He hypothesized a connection between the vaccine, the onset of autism symptoms, and a particular finding on endoscopy.



BUT other researchers could **not replicate these findings**



SHORT REPORT

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakeford, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Bessirewitz, A P Orlion, M A Thomas, P Harvey, A Valentini, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 8 years [range 3–12], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Biochemistry and biopsy sampling, magnetic resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and still in media in one. All 12 children had intestinal abnormalities, including lymphoid nodular hyperplasia to a mild to moderate. Histology showed patchy chronic inflammation in 11 children and reactive lymphoid hyperplasia in seven, but no granulomas. The colonic disease included active (one), dysplastic (one), and inactive (one) colitis or dysplasia. There were no focal neurological abnormalities and EEG tests were normal. Abnormal laboratory results were significantly raised urinary cytokeratin and compared with age-matched controls (P < 0.01). The haemoglobin in four children was in the range 10–14 g/L.

Interpretation In this study, associated gastroenterological disease and regressive autism in a group of previously normal children, which was generally associated in time, with possible environmental triggers.

Laboratory investigations
Thyroid function, serum long-chain fatty acids, and

Introduction
We saw several children who, after a period of apparent normality, lost acquired skills, including language. They all had gastroenterological symptoms, including abdominal pain, diarrhoea, and vomiting and, in some cases, food intolerance. We describe the clinical findings, and gastroenterological features of these children.

Patients and methods
12 children, aged 3–12 years, and in the department of paediatric gastroenterology, with a history of a pervasive developmental disorder with loss of acquired skills and emotional symptoms, including abdominal pain, vomiting and food intolerance, were recruited. All children were admitted to the ward for work, arranged by their parents.

Social investigations
Each child's history, including details of immunisations and dates of infection diseases, and assessed the children. In 11 cases, the history was obtained by the senior clinician (JW-S). Newborn screening, psychiatric assessments were done by paediatricians (JW, MB) with DSM-IV criteria. Developmental records included a series of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital, all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by EDE or NAT under sedation with midazolam and propofol. Paired biopsies and formalin-fixed stained biopsy samples were taken from the terminal ileum, ascending, caecum, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous series consecutive paediatric colonoscopies (five formal colonoscopies and three in children with obstructive colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

After under sedation, contrast magnetic resonance imaging (MRI), electroencephalography (EEG) including visual, brain wave auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.



RETRACTED

TODAY EXCLUSIVE
DOCTOR WHO SUPPORTS LINK LOSES MEDICAL LICENSE
TODAY TODAYSHOW.COM

To Be Clear: **Vaccines don't cause Autism or DD** (and COVID-19 Vaccination does not present particular risk to these children)

- **Repeated studies do not support a relationship between the Measles, Mumps, Rubella Vaccine and Autism Or Thimerisol and Autism**
 - Taylor, B, et al. [Lancet 1999;351:2026-29](#)
 - Dales L, et al. [JAMA 2001;285:1183-85](#)
 - Kaye JA, et al. [Brit Med J 2001;322:460-3](#)
 - Madsen KM, et al. [N Engl J Med 2002;347:1477-82](#)
 - P DeStefano R, et al. [Pediatrics 2004;113:259-66](#)
 - Farrington CP, et al. [Vaccine 2001;19:3632-5](#)
 - Fombonne E, et al. [Pediatrics 2001;108:e58](#)
 - Taylor, B, et al. [British Med J 2002;324:393-6](#)
 - Hvlid A, et al. [Internal Medicine, 2019](#)



Question & Answer

1) Question: What's the Difference Between FDA Emergency Use Authorization (EUA) and FDA Approval?

Answer:

- *During a public health emergency, the FDA can issue an EUA to allow use of a vaccine before they are officially licensed so that they can be used sooner.*
- *Certain criteria must be met, including that there are no adequate, approved, and available alternatives and that evidence strongly suggests any benefits outweigh any risks to patients.*
- *Vaccines issued an EUA must go through the same clinical trials as all other licensed vaccines.*
- *To support approval and licensure of a vaccine, the FDA generally requires at least 6 months of safety follow-up for serious and other medically attended adverse effects.*



Question & Answer

2) Question: Are the vaccines safe to take since they were developed so quickly?

Answer: YES. *It's the same process that has been used for previous vaccines.*

- *Built on years of research on related coronaviruses, including research on vaccines for other coronaviruses.*
- *Substantial funding allowed multiple trials to be run in parallel.*
- *Funding allowed companies to begin manufacturing vaccines early, enabling immediate distribution upon approval.*
- *Safety was monitored closely during every phase of development.*
- *Tens of thousands of clinical trial participants received vaccines safely.*
- *Federal government, state, and local health departments, and health care providers have spent months planning for storage, distribution, supplies, and other logistics.*
- **This is one of the most highly scrutinized vaccines in history**



Question & Answer

3) Question: Will any of the COVID-19 vaccines give me COVID-19?

Answer: NO. None of the 3 vaccines contain a live (corona) virus and thus does not carry the risk of causing disease in the vaccinated person.

4) Question: Will any of the COVID-19 vaccines alter a person's DNA?

Answer: NO. The way the vaccines work will not affect or interact with our DNA in any way.

5) Question: Can the COVID-19 Vaccine be administered with other vaccines?

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



Question & Answer

6) Question: After getting a COVID-19 vaccine, will I test positive for COVID-19 on a viral test?

Answer: NO. *None of the recommended COVID-19 vaccines cause you to test positive on viral tests, which are used to see if you have a current infection. If your body develops an immune response to vaccination, which is the goal, you may test positive on some antibody tests. Antibody tests indicate you had a previous infection and that you may have some level of protection against the virus.*

7) Question: If I already had COVID-19, should I still get the COVID-19 vaccine ?

Answer: YES. *It's not known how long natural immunity (immunity due to an infection) lasts as reinfections can occur.*



Question & Answer

8) Question: *Does the vaccine effect future fertility/having a healthy baby one day?*

Answer: *NO. If you are trying to become pregnant now or want to get pregnant in the future, you may get a COVID-19 vaccine. American College of Obstetricians and Gynecologists, “Recommends vaccination for all eligible people who may consider future pregnancy.”*

9) Question: *Do we know how long the vaccine offers protection against COVID-19?*

Answer: *NO. Further studies are ongoing.*



Question & Answer

10) Question: Will my child get myocarditis from the COVID-19 Vaccine?

- Overall, risk of myocarditis following vaccination remains rare, with just 877 cases confirmed in people under 30, among some 86 million doses of mRNA vaccines given in the U.S., according to the CDC. That would mean the prevalence rate overall is .00001.
- Myocarditis, the most serious side effect associated with the vaccine is extremely rare and was not seen in this age group. (It is most prevalent in teenage boys and young men, with no fatalities.) Signs include: acute chest pain, shortness of breath, or palpitations within a few days of the 2nd>1st vaccine
- Among all age groups, patients with COVID-19 had nearly a 16 times risk for myocarditis compared to patients who did not have COVID-19, and risk varied by sex and age.



Question & Answer

10) Question: Will my child get myocarditis from the COVID-19 Vaccine? (con't)

Summary

What is already known about this topic?

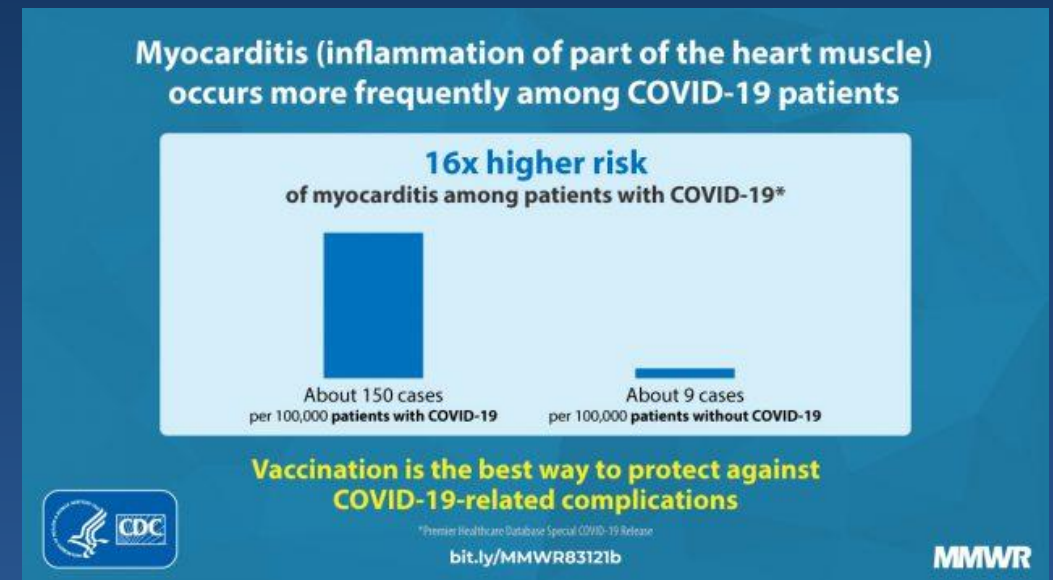
Viral infections are a common cause of myocarditis. Some studies have indicated an association between COVID-19 and myocarditis.

What is added by this report?

During March 2020–January 2021, patients with COVID-19 had nearly 16 times the risk for myocarditis compared with patients who did not have COVID-19, and risk varied by sex and age.

What are the implications for public health practice?

These findings underscore the importance of implementing evidence-based COVID-19 prevention strategies, including vaccination, to reduce the public health impact of COVID-19 and its associated complications.



*per August 31st, 2021 report



Question & Answer

10) Question: Does my child really need the vaccine?

Answer: Yes. 191 children aged 5-11 have died due to COVID-19 since January 21st, 2020 per the CDC (approx. 104 children a year). This estimated annual average is comparable to other vaccine preventable diseases such as Mumps, Rubella, and Tetanus where vaccines are recommended for children. So, it makes sense that we would also want to vaccinate for COVID-19.

Table 1. Historical Comparison of Morbidity and Mortality for Vaccine-Preventable Diseases With Vaccines Licensed or Recommended Before 1980: Diphtheria, Measles, Mumps, Pertussis, Poliomyelitis, Rubella, Smallpox, Tetanus^a

Vaccine-Preventable Disease	Prevaccine No. (y)				Vaccine Date(s), y ^f	Most Recent Postvaccine Reported No.		Prevaccine Estimated Annual No. vs Most Recent Reported No. (% Reduction)	
	Estimated Annual Average		Peak			Cases, 2006 ^g	Deaths, 2004 ^h	Cases	Deaths
	Cases ^b	Deaths ^c	Cases ^d	Deaths ^e					
Diphtheria	21 053 (1936-1945)	1822 (1936-1945)	30 508 (1938)	3065 (1936)	1928-1943	0	0	21 053 (100)	1822 (100)
Measles	530 217 (1953-1962)	440 (1953-1962)	763 094 (1958)	552 (1958)	1963, 1967, 1968	55	0	530 162 (99.9)	440 (100)
Mumps	162 344 (1963-1968)	39 (1963-1968)	212 932 (1964)	50 (1964)	1940a, 1967	6584	0	155 760 (95.9)	39 (100)
Pertussis	200 752 (1934-1943)	4034 (1934-1943)	265 269 (1934)	7518 (1934)	1914-1941	15 632	27	185 120 (92.2)	4007 (99.3)
Poliomyelitis, acute	19 794 (1941-1950)	1393 (1941-1950)	42 033 (1949)	2720 (1949)	1955, 1961-1963, 1987	0	0	19 794 (100)	1393 (100)
Poliomyelitis, paralytic	16 316 (1951-1954)	1879 (1951-1954)	21 269 (1952)	3145 (1952)	1955, 1961-1963, 1987	0	0	16 316 (100)	1879 (100)
Rubella	47 745 (1966-1968)	17 (1966-1968)	488 796 (1964)	24 (1968)	1969	11	0	47 734 (99.9)	17 (100)
Congenital rubella syndrome	152 (1966-1969)	Not available	20 000 (1964-1965)	2160 (1964-1965)	1969	1	0	151 (99.3)	Not available
Smallpox	29 005 (1900-1949)	337 (1900-1949)	110 672 (1920)	2510 (1902)	1798	0	0	29 005 (100)	337 (100)
Tetanus	580 (1947-1949)	472 (1947-1949)	601 (1948)	511 (1947)	1933-1949	41	4	539 (92.9)	468 (99.2)

^aFootnote letters correspond to Box 1.

The Rose F. Kennedy Children's Evaluation and Rehabilitation Center (RFK CERC) at CHAM offered two COVID-19 Vaccine Pop-Up Clinics!

RFK CERC was excited to provide our patients with Autism (ASD) and other Developmental Disabilities (DD) (ages 12+) with the opportunity to get vaccinated at two pop up clinics on June 25th, 2021, and July 16th, 2021.

The clinic offered our patients and their families the Pfizer vaccine in a familiar setting with support from staff (OTs, Dental Fellows, DB Peds) who provided behavioral, sensory, and relaxation strategies to successfully and non-traumatically vaccinate a **total of 34 patients many of whom had been unable to be vaccinated in other settings!**



What to Expect After Receiving the Vaccine

Common Side Effects

On the arm where you got the shot:

- Pain
- Swelling

Throughout the rest of your body:

- Fever
- Chills
- Tiredness
- Headache



Stay safe from COVID-19



How I get my COVID-19 shot



Where can my child get vaccinated?

- Vaccines **are free of charge** to all people living in the United States, regardless of immigration or health insurance status.
- CDC's Vaccine Finder Tool: [vaccines.gov](https://www.vaccines.gov)
- You can text your zip code to **438829** and vaccine locations will be sent to you.
- You can also call the National COVID-19 Vaccine Hotline at **1-800-232-0233** for help finding a location near you. For **TTY: 1-888-720-7489**. Spanish is available.
- N.Y.C. Public Schools in all five boroughs offer half-day vaccine clinics. Please see the [NYC DOE](#) site for the most up to date info with the list of schools and the time/dates of vaccine clinics.
- Many Pediatrician offices are also offering the vaccine. Check with your child's healthcare provider about scheduling an appointment. You can also use [the New York State's website](#) for more vaccine information and to find a provider in NYC or elsewhere in the state.
- Pharmacy's including [Walgreens](#) and [Rite Aid](#) also provide the vaccine for 5–11-year-olds. Please call your local pharmacy to see if they have appointments.

Where can my child get vaccinated? (con't)

- If you are currently eligible to receive the COVID-19 vaccine and would like to get vaccinated at Montefiore, you can schedule the first dose of your COVID-19 vaccination online at <https://covid19.montefiore.org/covid-19-vaccine/schedule>. If you need assistance, please call our hotline at **1-844-444-CV19 (1-844-444-2819)** and select option 1.
- If you are a Montefiore patient, they are offering a special vaccine clinic for Children's Hospital at Montefiore patients and their families. Appointments are scheduled thorough the patient's provider. If you are not a Montefiore patient, please check with the Children's Hospital near you to see if they have clinics.
- RFK CERC is having another Vaccine Pop Up Clinic for our own patients with Developmental Disabilities on Dec. 17th, 2021 from 7am-3pm. If you are interested, please contact your provider.
- If you are home-bound or unable to travel to a vaccine site New York City is offering in-home COVID-19 vaccinations to any city resident who requests one. If you need a vaccine at home please go to nyc.gov/homevaccine or call **877-829-4692**. If you do not live in NYC please check with your county or city health department to see if they are offering at home vaccine appointments.

Quotes to leave you with

“The benefits of COVID vaccination clearly outweigh the risks for our kids. We put our kids in seatbelts, we have them wear bicycle helmets, we put sunscreen on them to protect them from skin cancer 60 years down the road. This virus is unpredictable. We need to do everything we can to protect our selves and our children against what this virus is very capable of doing.”



Jerome Adams, US Surgeon General under former President Trump, on his way get his 11 yo daughter vaccinated.

“No child should ever die from a disease that could have been prevented by simply getting a shot.” Dr. Amanda Cohn, FDA

Upcoming Events & Other Resources

Below is a QR code for a bot named Ana that our Vaccine Confidence team created. Ana answers questions about the COVID-19 vaccine. We try to keep her up to date as best we can. We are open to feedback, and also feel free to share her with your networks. The mobile version tends to work a little bit better than the website link.

<https://chats.landbot.io/v3/H-1028041-T96OFY8N39JD1W38/index.html>



Sabrina L. Smith, MPA

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COVID-19: Latest Update on What IDD Agency Staff and Care Coordinators Need to Know

FRIDAY, NOVEMBER 19 @ 10:00AM

REGISTER: [HTTPS://TINYURL.COM/CCO-NOV19](https://tinyurl.com/cco-nov19)

Join us for a discussion on COVID-19 trends and recommendations. FAQ to follow.



Vincent Siasoco, MD
Director of Primary Care & Family Physician at *BEK CERC*

- Specialty: Care of people with IDD.



Fred Wetzel, PhD
Former Downstate Director at *NYS OPWDD*

- Consultant: Agencies providing services to people with IDD.




Rick Rader, MD
VP, External Affairs, *AADMD*

- National Medical Advisor, NADSP



Upcoming Events & Other Resources (con't)




Children's Evaluation and Rehabilitation Center

Montefiore | EINSTEIN

RFK CERC COVID-19 Pop Up Clinic

5-11 Year Old Pfizer Vaccine
1225 Morris Park Avenue
Friday, December 17th from 7am-3pm*
*last appointment 2:45p

Sign Up Here → 

scan QR code or go to link to fill out registration form

Please RSVP in advance by December 3rd. Register during your appointment at CERC or electronically. <https://tinyurl.com/VC1217>

Clinic for 5-11 year old CERC patients and their siblings*.

Spanish and English Speaking Providers and Registration Available.

*only pediatric dose will be available

RFK CERC Clinical staff will be present to support children with developmental disabilities.

MASK GUIDANCE IN EFFECT PER NYC DOH ON DATE OF CLINIC



Children's Evaluation and Rehabilitation Center

Montefiore | EINSTEIN

Clínica Emergente - RFK CERC COVID-19

Vacuna Pfizer para niños de 5 a 11 años
1225 Morris Park Avenue
Viernes, Diciembre 17 @ 7am - 3 pm*
*ultima cita 2:45p

Regístrate aquí → 

escanee el código QR para completar el formulario de registro

Confirme su asistencia antes del 3 del diciembre. Regístrese en su próxima cita con CERC o con el código QR <https://tinyurl.com/VC1217>

Vacunas para pacientes de CERC de 5 a 11 años y sus hermanos*.

Hablamos español y Inglés

*solo estará disponible la dosis pediátrica

El personal de RFK CERC estará presente para apoyar a los niños con discapacidades del desarrollo.

SE REQUIEREN MÁSCARAS

Summary

Speak with your Primary Care Provider or Specialist about the vaccine if you have additional questions or concerns.

- In addition to vaccination, at this time, we need to continue to use all the tools available to keep everyone safe: wear a mask, wash your hands, and maintain social distancing when indicated based on NYC DOH guidelines.

Resources

- New York City Department of Health - www1.nyc.gov
- New York State Department of Health - www.health.ny.gov
- Centers for Disease Control and Prevention - www.cdc.gov

**Please complete the following feedback
survey:**

English: <https://tinyurl.com/FeedbackNov17>

Spanish: <https://tinyurl.com/ESNov17FB>

Thank You!

