

COVID-19 Vaccine & Children Ages 6 Months and Older

What Parents Need to Know



Should I worry the vaccine is too “new”?

No. Billions of doses of the COVID-19 vaccine have been given worldwide. Tens of millions of children ages 5 through 17 have received the COVID-19 vaccine. The COVID-19 vaccine is no longer “new.” Scientists and pediatricians feel confident in the safety of the COVID-19 vaccine and the booster. Waiting puts children at higher risk for infection and illness. The vaccine and booster got to us fast because:

- The vaccine research for mRNA started in 1961 and, in the last decade specifically, was focused on SARS.
- The vaccine was released more quickly than other vaccines because the production started before the clinical trials. This was due to the pandemic, which provided funding and resources to make that happen.

Is the vaccine dosage the same for babies and preschoolers as it is for older kids?

No. The Pfizer vaccine dose for 6-months to 4-year-olds is 3 micrograms, a tenth of the dose advised for people 12 and older. The Moderna vaccine for 6 months to 5 years is a 25-microgram dose, a quarter of the adult dosage.

Should I wait to vaccinate my child until later this year if there is a change in strains of the virus?

No. You should start the vaccination primary series as soon as possible to give your child protection right away.

Is one vaccine brand better?

No. Both are effective. Get the vaccine that is most readily available for your child.

Is the booster needed if my child is already fully vaccinated against COVID-19?

Yes. Children ages 5 and up should receive a booster. They are protected best from COVID-19 and severe illness when they are up to date with their vaccination, including the booster. Vaccination can help protect them from severe sickness, hospitalization and death. The effectiveness of primary series vaccination may lessen over time. A booster dose helps boost protection against COVID-19.

After getting COVID-19, children can experience a wide range of new, returning, or ongoing health problems. Staying up to date with vaccination can help prevent them from getting really sick even if they do get infected and can help prevent serious short- and long-term complications of COVID-19.

Will we need booster shots every year?

We don't know yet. A determination about annual booster shots depends on how many people get vaccinated and if the virus continues to spread and change. As more of the population becomes vaccinated, we reduce the spread of the virus, which helps to prevent it from continuing to change. We won't need additional boosters if we are reducing and eliminating variants of COVID-19.

Does the vaccine affect puberty or fertility?

No. We are confident that the COVID-19 vaccine will not have long-term effects on puberty or fertility. The mRNA in the vaccine cannot integrate with DNA that is the blueprint for our growth.

- Vaccine ingredients are cleared from the body quickly. mRNA is fragile and breaks down within 72 hours after injection. Ingredients do not linger in the body.
- Thousands upon thousands of individuals have had safe pregnancies after receiving the COVID-19 vaccine.
- The mRNA vaccine is not made up of COVID-19. It contains only the viral protein.
- There are reports of menstrual cycle changes after the COVID-19 vaccine. This is due to the body mounting an immune response and is a temporary side effect, like a fever.

What are the most common vaccine or booster side effects for kids?

They can vary but are minimal.

- Side effects that have been reported are mild to moderate and can include fever, fatigue, headache, chills, diarrhea, or muscle aches.
- More kids reported side effects with the second dose compared to the first dose.
- Rare side effects can happen, such as swollen lymph nodes or skin sensitivity, but these are not long-term and resolved in most cases in a few days.

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How do we know about long-term side effects?

Decades of research. Based on our knowledge of mRNA and the human body, we don't expect long-term side effects since mRNA breaks down in the body within 72 hours.

- As with all vaccines, all concerning side effects with the COVID-19 mRNA vaccines have occurred within 6-8 weeks after injection. Vaccine development is based on decades of research. Scientists performed a rigorous review of all available data before approving it for children. Our scientific understanding tells us that, if there are no serious side effects noted in those first few weeks, we can be confident that concerns that arise with any patient decades later are unlikely to be related to any vaccine.
- mRNA cannot be converted to or inserted into DNA. It's not scientifically possible.

How common is myocarditis for children after vaccination or a booster dose?

Extremely rare. Myocarditis is an inflammation of the heart muscle. This can happen due to the robust immune response the vaccine can have on your body.

- It is a very rare side effect. We expect 26 cases of myocarditis per 1 million doses given. That's a 0.0026% risk.
- The most common symptom of myocarditis is chest pain or difficulty breathing and usually happens within the first week after injection.
- Adolescents who have had this rare side effect are monitored closely. Most make a full recovery in 3-4 weeks by using anti-inflammatory medications like ibuprofen.
- No kids have died of myocarditis after the COVID-19 vaccine.
- Myocarditis can also happen if you get the actual COVID-19 virus. Myocarditis from COVID-19 itself is more common, more severe, and more likely to lead to long-term complications. According to research from the CDC, patients with COVID-19 had nearly 16 times the risk for myocarditis compared with those who did not have COVID-19.

My child had COVID. Do they still need the primary vaccine series and the booster?

Yes.

- We know that "natural immunity" can be significant at first. However, protection can drop off quickly or change based on circulating variants.
- Getting a vaccine, even in those who have already had COVID-19, strengthens your immune response.
- A booster dose, received five months after the primary series vaccination, can help protect against severe illness from COVID-19 after the effectiveness of the primary series lessens.
- If you had COVID-19 once, it is possible to get ill from a different strain in the future. Evidence shows the vaccines protect you longer from reinfection than does a previous infection.
- Most importantly, the vaccine and booster dose give protection and prevent hospitalization against several of the COVID variants.

What are the ingredients in the vaccine?

Put simply, it's mostly fat, salt, electrolytes and sugar.

- Lipids: This "fatty layer" protects the delicate mRNA so it has time to work before getting chopped up by the body.
- Polyethylene glycol (PEG) is also the main ingredient in MiraLAX (which you know about if your child has ever been constipated).
- Potassium chloride, monobasic potassium phosphate, sodium chloride, and dibasic sodium phosphate dihydrate and sucrose: These fancy names are just salts and sugar. These ingredients help keep the vaccine stable and are natural preservatives.

Is less quarantining required from school, sports, and other activities if a child has been vaccinated and boosted?

Yes.

- This pandemic has been traumatizing, especially for children. Their lives were abruptly disrupted in March 2020, and their mental and physical health has suffered. Anxiety and depression rates are up.
- Staying up to date with vaccination including the booster provides the best level of protection against COVID-19.
- We know that less quarantining will benefit all children.