

COVID-19 Vaccination: Where Do We Stand?

Evan J. Anderson, MD

Associate Division Chief for Clinical Research in Pediatric ID

Professor of Pediatrics and Medicine

Attending Physician at Children's Healthcare of Atlanta

Emory University School of Medicine

26 May 2022



EMORY
UNIVERSITY
SCHOOL OF
MEDICINE



Children's[®]
Healthcare of Atlanta



Serious
Communicable
Diseases Program



POTENTIAL CONFLICTS AND DISCLOSURES:

- Financial compensation to Emory for clinical research:
 - Pfizer, Merck, GSK, Sanofi Pasteur, Novavax, Regeneron, PaxVax, MedImmune, Janssen, and Micron unrelated to this talk.
 - Pfizer – pediatric COVID-19 vaccine clinical trial
- I have served as consultant:
 - Medscape, Sanofi Pasteur, Janssen, Moderna, and Pfizer
- Safety monitoring committee
 - Kentucky BioProcessing, Inc
 - Sanofi Pasteur
 - WCG and ACI Clinical – adjudication committee
- NIH funded
 - Local PI for the Moderna mRNA-1273 Phase I and variant studies
 - Local PI for the Moderna mRNA-1273 Phase 3 study
 - Local PI for the Janssen Ad26-Spike protein Phase 3 study
 - Local PI for the Moderna mRNA-1273 KidCOVE

COVID-19 Vaccination: Where do we stand?”

- Pediatric Vaccination: Where do we stand?
- Adult COVID-19 Vaccination: Where do we stand?



COVID-19 Vaccination: Where do we stand?”

- Pediatric Vaccination: Where do we stand?
- Adult COVID-19 Vaccination: Where do we stand?



ORIGINAL ARTICLE

Safety, Immunogenicity, and Efficacy of the BNT162b2 Covid-19 Vaccine in Adolescents

Robert W. Frenck, Jr., M.D., Nicola P. Klein, M.D., Ph.D., Nicholas Kitchin, M.D., Alejandra Gurtman, M.D., Judith Absalon, M.D., Stephen Lockhart, D.M., John L. Perez, M.D., Emmanuel B. Walter, M.D., Shelly Senders, M.D., Ruth Bailey, B.Sc., Kena A. Swanson, Ph.D., Hua Ma, Ph.D., Xia Xu, Ph.D., Kenneth Koury, Ph.D., Warren V. Kalina, Ph.D., David Cooper, Ph.D., Timothy Jennings, D.O., Donald M. Brandon, M.D., Stephen J. Thomas, M.D., Özlem Türeci, M.D., Dina B. Tresnan, D.V.M., Ph.D., Susan Mather, M.D., Philip R. Dormitzer, M.D., Ph.D., Uğur Şahin, M.D., Kathrin U. Jansen, Ph.D., and William C. Gruber, M.D., for the C4591001 Clinical Trial Group*

DOI: 10.1056/NEJMoa2107456

Copyright © 2021 Massachusetts Medical Society.

Pfizer

Booster dose approved ≥ 12 years

ORIGINAL ARTICLE

Evaluation of mRNA-1273 SARS-CoV-2 Vaccine in Adolescents

Kashif Ali, M.D., Gary Berman, M.D., Honghong Zhou, Ph.D., Weiping Deng, Ph.D., Veronica Faughnan, B.S., Maria Coronado-Voges, M.S., Baoyu Ding, M.S., Jacqueline Dooley, B.A., Bethany Girard, Ph.D., William Hillebrand, M.S., Rolando Pajon, Ph.D., Jacqueline M. Miller, M.D., Brett Leav, M.D., and Roderick McPhee, M.D., Ph.D.

https://www.washingtonpost.com/health/2021/10/31/moderna-vaccine-adolescents-children-delayed/

The Washington Post
Democracy Dies in Darkness

Coronavirus U.S. coronavirus map and cases World map Vaccine FAQ Booster shot eligibility Vaccine tracker Delta variant FAQ Mask guidance

Health

FDA delays decision on Moderna coronavirus vaccine for adolescents to evaluate myocarditis risk, company says

The agency says the review will take until at least January, according to the company

Effectiveness of BNT162b2 (Pfizer-BioNTech) mRNA Vaccination Against Multisystem Inflammatory Syndrome in Children Among Persons Aged 12–18 Years — United States, July–December 2021

Laura D. Zambrano, PhD^{1*}; Margaret M. Newhams, MPH^{2*}; Samantha M. Olson, MPH¹; Natasha B. Halasa, MD³; Ashley M. Price, MPH¹; Julie A. Boom, MD⁴; Leila C. Sahni, PhD⁴; Satoshi Kamidani, MD³; Keiko M. Tarquinio, MD⁶; Aline B. Maddux, MD⁷; Sabrina M. Heidemann, MD⁸; Samina S. Bhumbra, MD⁹; Katherine E. Bline, MD¹⁰; Ryan A. Nofziger, MD¹¹; Charlotte V. Hobbs, MD¹²; Tamara T. Bradford, MD¹³; Natalie Z. Cvijanovich, MD¹⁴; Katherine Irby, MD¹⁵; Elizabeth H. Mack, MD¹⁶; Melissa L. Cullimore, MD¹⁷; Pia S. Pannaraj, MD¹⁸; Michele Kong, MD¹⁹; Tracie C. Walker, MD²⁰; Shira J. Gertz, MD²¹; Kelly N. Michelson, MD²²; Melissa A. Cameron, MD²³; Kathleen Chiotos, MD²⁴; Mia Maamari, MD²⁵; Jennifer E. Schuster, MD²⁶; Amber O. Orzel, MPH²; Manish M. Patel, MD¹; Angela P. Campbell, MD^{1,7}; Adrienne G. Randolph, MD^{2,27}; Overcoming COVID-19 Investigators

TABLE 3. Effectiveness* of 2 doses of Pfizer-BioNTech vaccine against multisystem inflammatory syndrome in children among hospitalized patients aged 12–18 years — 24 pediatric hospitals, 20 U.S. states,† July–December 2021

Control groups	No. vaccinated [§] /Total (%)		Adjusted VE, % (95% CI)
	MIS-C case patients	Control patients	
All controls	5/102 (4.9)	65/181 (35.9)	91 (78–97)
Test-negative	5/102 (4.9)	34/90 (37.8)	92 (77–97)
Syndrome-negative	5/102 (4.9)	31/91 (34.1)	89 (70–96)
Sensitivity analysis			
MIS-C case patients with serologic evidence present [¶]	5/88 (5.7)	61/161 (37.9)	90 (75–96)

Abbreviations: MIS-C = multisystem inflammatory syndrome in children; VE = vaccine effectiveness.

ORIGINAL ARTICLE

BNT162b2 Protection against the Omicron Variant in Children and Adolescents

A.M. Price, S.M. Olson, M.M. Newhams, N.B. Halasa, J.A. Boom, L.C. Sahni, P.S. Pannaraj, K. Irby, K.E. Bline, A.B. Maddux, R.A. Nofziger, M.A. Cameron, T.C. Walker, S.P. Schwartz, E.H. Mack, L. Smallcomb, J.E. Schuster, C.V. Hobbs, S. Kamidani, K.M. Tarquinio, T.T. Bradford, E.R. Levy, K. Chiotos, S.S. Bhumbra, N.Z. Cvijanovich, S.M. Heidemann, M.L. Cullimore, S.J. Gertz, B.M. Coates, M.A. Staat, M.S. Zinter, M. Kong, B.M. Chatani, J.R. Hume, K.V. Typpo, M. Maamari, H.R. Flori, M.W. Tenforde, L.D. Zambrano, A.P. Campbell, M.M. Patel, and A.G. Randolph, for the Overcoming Covid-19 Investigators*

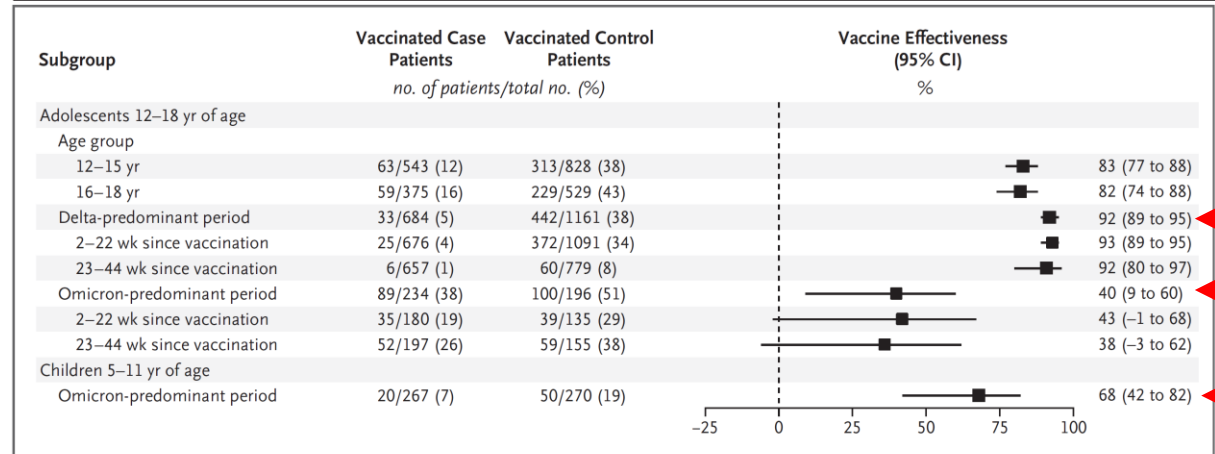


Figure 2. Effectiveness of the BNT162b2 Vaccine against Hospitalization for Covid-19, Stratified According to Age and Variant.

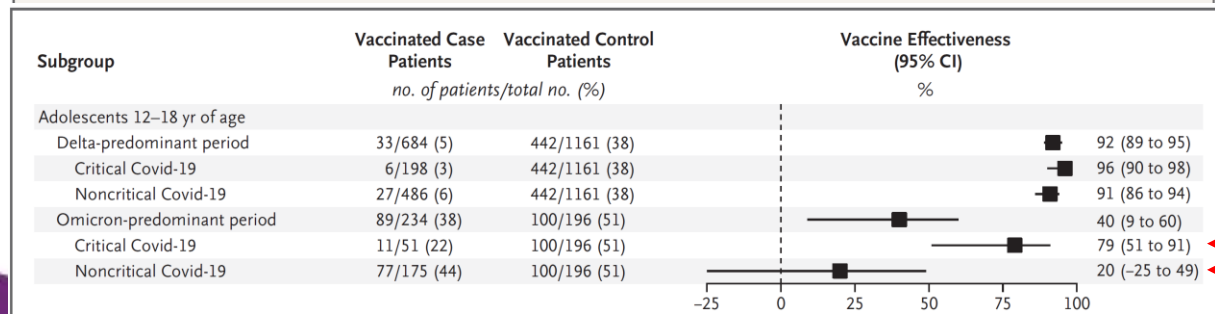
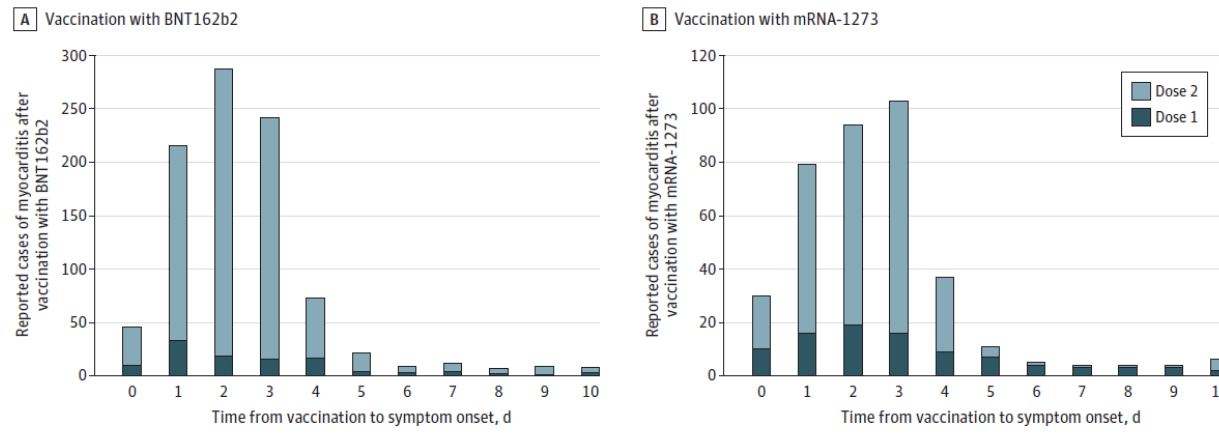


Figure 3. Effectiveness of the BNT162b2 Vaccine against Hospitalization for Critical as Compared with Noncritical Covid-19 in Adolescents 12 to 18 Years of Age, Stratified According to Variant.

Myocarditis Cases Reported After mRNA-Based COVID-19 Vaccination in the US From December 2020 to August 2021

Matthew E. Oster, MD, MPH; David K. Shay, MD, MPH; John R. Su, MD, PhD, MPH; Julianne Gee, MPH; C. Buddy Creech, MD, MPH; Karen R. Broder, MD; Kathryn Edwards, MD; Jonathan H. Soslow, MD, MSCI; Jeffrey M. Dendy, MD; Elizabeth Schlaudecker, MD, MPH; Sean M. Lang, MD; Elizabeth D. Barnett, MD; Frederick L. Ruberg, MD; Michael J. Smith, MD, MSCE; M. Jay Campbell, MD, MHA; Renato D. Lopes, MD, PhD, MHS; Laurence S. Sperling, MD; Jane A. Baumbblatt, MD; Deborah L. Thompson, MD, MSPH; Paige L. Marquez, MSPH; Penelope Strid, MPH; Jared Woo, MPH; River Pugsley, PhD, MPH; Sarah Reagan-Steiner, MD, MPH; Frank DeStefano, MD, MPH; Tom T. Shimabukuro, MD, MPH, MBA

Figure 2. Cases of Myocarditis After mRNA-Based COVID-19 Vaccination by Time From Vaccination to Symptom Onset



Risk of getting struck by lightning/year = 2/million (CDC)
 4 - 10 fold higher risk of myocarditis with SARS-CoV-2 infection than with vaccination

1/350 US adults has died from COVID to date (2,900/million)

Table 2. Reports to VAERS After mRNA-Based COVID-19 Vaccination That Met the CDC's Case Definition for Myocarditis Within a 7-Day Risk Interval per Million Doses of Vaccine Administered

	Reported cases of myocarditis within a 7-d risk interval per million doses of vaccine administered (95% CI) ^a				Expected cases of myocarditis in a 7-d risk interval per million doses (95% CI) ^c
	Vaccination with BNT162b2		Vaccination with mRNA-1273 ^b		
	First dose	Second dose	First dose	Second dose	
Males					
Age group, y					
12-15	7.06 (4.88-10.23)	70.73 (61.68-81.11)			0.53 (0.40-0.70)
16-17	7.26 (4.45-11.86)	105.86 (91.65-122.27)	10.73 (7.50-15.34)	56.31 (47.08-67.34)	1.34 (1.05-1.72)
18-24	3.82 (2.40-6.06)	52.43 (45.56-60.33)	10.73 (7.50-15.34)	56.31 (47.08-67.34)	1.76 (1.58,1.98)
25-29	1.74 (0.78-3.87)	17.28 (13.02-22.93)	4.88 (2.70-8.80)	24.18 (17.93-32.61)	1.45 (1.21-1.74)
30-39	0.54 (0.20-1.44)	7.10 (5.26-9.57)	3.00 (1.81-4.97)	7.93 (5.61-11.21)	0.63 (0.54-0.73)
40-49	0.55 (0.21-1.48)	3.50 (2.28-5.36)	0.59 (0.19-1.82)	4.27 (2.69-6.78)	0.78 (0.67-0.90)
50-64	0.42 (0.17-1.01)	0.68 (0.33-1.43)	0.62 (0.28-1.39)	0.85 (0.41-1.79)	0.77 (0.68-0.86)
≥65	0.19 (0.05-0.76)	0.32 (0.10-1.00)	0.18 (0.05-0.72)	0.51 (0.21-1.23)	
Females					
Age group, y					
12-15	0.49 (0.12-1.98)	6.35 (4.05-9.96)			0.17 (0.11-0.29)
16-17	0.84 (0.21-3.37)	10.98 (7.16-16.84)	0.96 (0.31-2.96)	6.87 (4.27-11.05)	0.42 (0.27-0.66)
18-24	0.18 (0.03-1.31)	4.12 (2.60-6.54)	0.96 (0.31-2.96)	6.87 (4.27-11.05)	0.38 (0.30-0.49)
25-29	0.26 (0.04-1.84)	2.23 (1.07-4.69)	0.41 (0.06-2.94)	8.22 (5.03-13.41)	0.48 (0.35-0.65)
30-39	0.72 (0.32-1.60)	1.02 (0.49-2.14)	0.74 (0.28-1.98)	0.68 (0.22-2.10)	0.47 (0.39-0.57)
40-49	0.24 (0.06-0.97)	1.73 (0.98-3.05)	0.18 (0.02-1.25)	1.89 (0.98-3.63)	0.89 (0.77-1.04)
50-64	0.37 (0.15-0.88)	0.51 (0.23-1.14)	0.65 (0.31-1.36)	0.43 (0.16-1.15)	1.00 (0.89-1.13)
≥65	0.08 (0.01-0.54)	0.35 (0.13-0.92)		0.26 (0.08-0.81)	

At the F.D.A.'s urging, Pfizer-BioNTech and Moderna are expanding their trials for children 5 to 11.



By [Sheryl Gay Stolberg](#), [Sharon LaFraniere](#) and [Noah Weiland](#)

July 26, 2021

The F.D.A. has asked the companies to include 3,000 children in the 5-to-11-year-old group, the group for whom results were expected first, according to people familiar with the situation. One of the people, granted anonymity to speak freely, described that figure as double the original number of study participants.

Dig deeper into the moment.
Special offer: **Subscribe for \$1 a week.**

A spokesman for Moderna, Ray Jordan, confirmed that the company intends to expand its trial “to enroll a larger safety database which increases the likelihood of detecting rarer events” and expects to seek emergency authorization late this year or early next year.

ORIGINAL ARTICLE

Evaluation of the BNT162b2 Covid-19 Vaccine in Children 5 to 11 Years of Age

E.B. Walter, K.R. Talaat, C. Sabharwal, A. Gurtman, S. Lockhart, G.C. Paulsen, E.D. Barnett, F.M. Muñoz, Y. Maldonado, B.A. Pahud, J.B. Domachowske, E.A.F. Simões, U.N. Sarwar, N. Kitchin, L. Cunliffe, P. Rojo, E. Kuchar, M. Rämets, I. Munjal, J.L. Perez, R.W. Frenck, Jr., E. Lagkadinou, K.A. Swanson, H. Ma, X. Xu, K. Koury, S. Mather, T.J. Belanger, D. Cooper, Ö. Türeci, P.R. Dormitzer, U. Şahin, K.U. Jansen, and W.C. Gruber, for the C4591007 Clinical Trial Group*

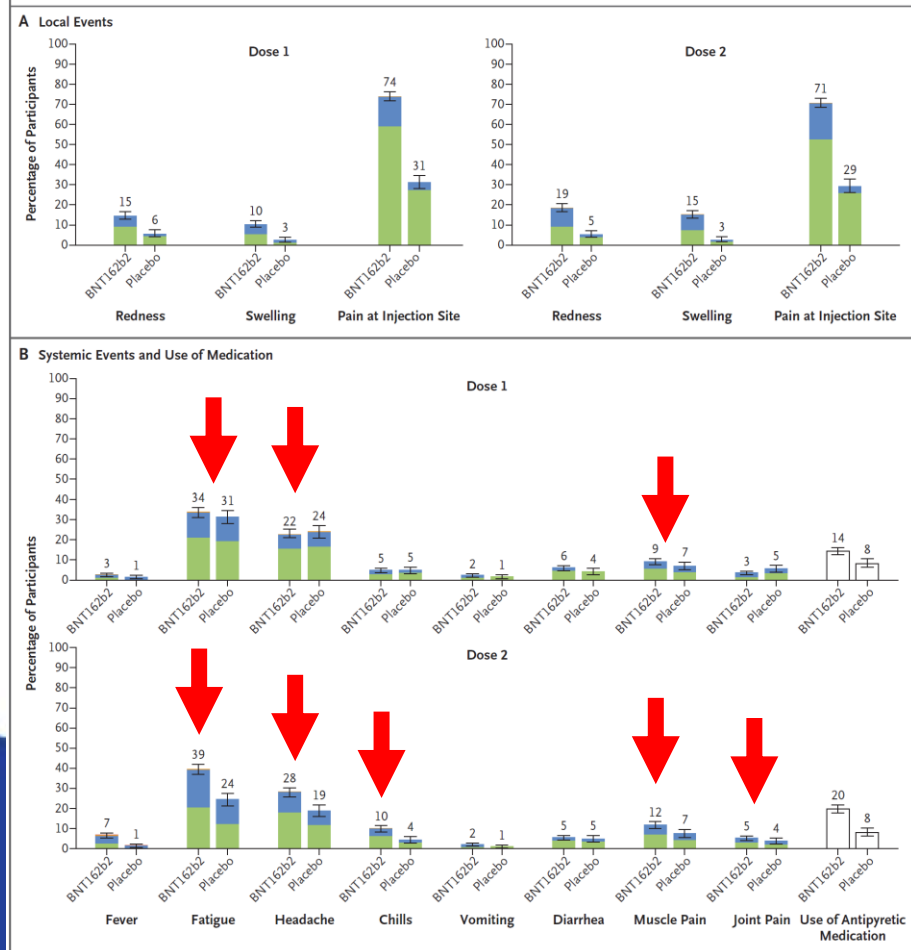


Figure 2. Local Reactions and Systemic Events Reported in the Phase 2-3 Trial within 7 Days after Injection of BNT162b2 or Placebo.

Placebo rates are much higher in children than in adults.

Red arrows highlight 10% difference from adult Phase 3 studies.

ORIGINAL ARTICLE

Evaluation of mRNA-1273 Covid-19 Vaccine in Children 6 to 11 Years of Age

C.B. Creech, E. Anderson, V. Berthaud, I. Yildirim, A.M. Atz, I. Melendez Baez, D. Finkelstein, P. Pickrell, J. Kirstein, C. Yut, R. Blair, R.A. Clifford, M. Dunn, J.D. Campbell, D.C. Montefiori, J.E. Tomassini, X. Zhao, W. Deng, H. Zhou, D. Ramirez Schrempf, K. Hautzinger, B. Girard, K. Slobod, R. McPhee, R. Pajon, R. Das, J.M. Miller, and S. Schnyder Ghamloush, for the KidCOVE Study Group*

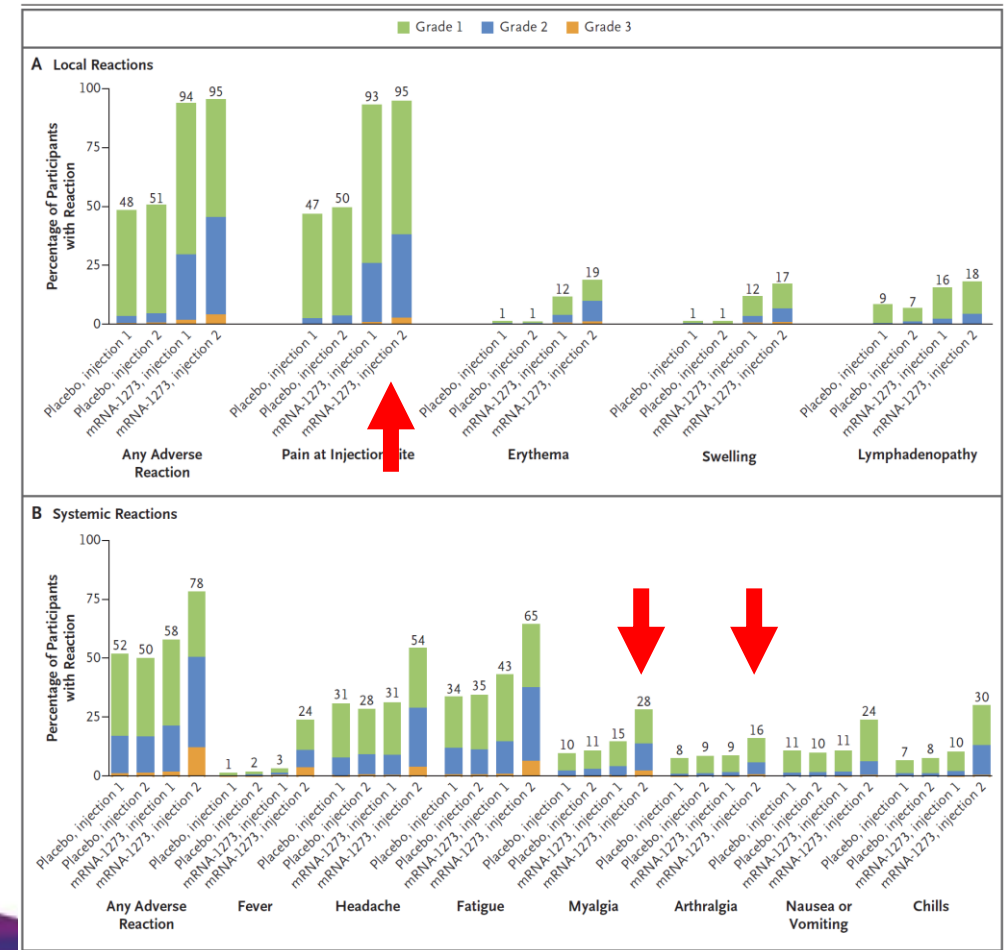


Figure 2. Solicited Local and Systemic Adverse Reactions in Part 2 of the Trial.

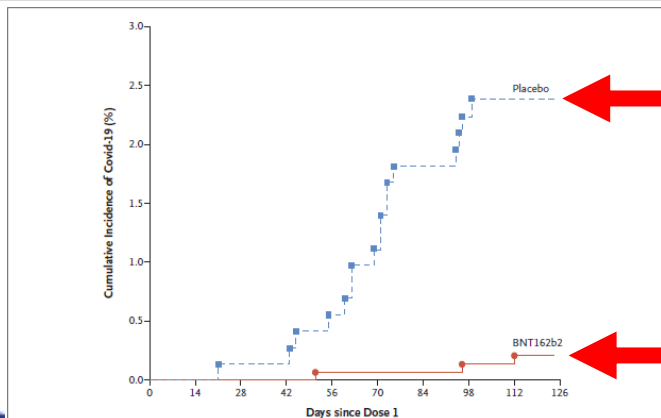
ORIGINAL ARTICLE

Evaluation of the BNT162b2 Covid-19 Vaccine in Children 5 to 11 Years of Age

E.B. Walter, K.R. Talaat, C. Sabharwal, A. Gurtman, S. Lockhart, G.C. Paulsen, E.D. Barnett, F.M. Muñoz, Y. Maldonado, B.A. Pahud, J.B. Domachowske, E.A.F. Simões, U.N. Sarwar, N. Kitchin, L. Cunliffe, P. Rojo, E. Kuchar, M. Rämets, I. Munjal, J.L. Perez, R.W. Frenck, Jr., E. Lagkadinou, K.A. Swanson, H. Ma, X. Xu, K. Koury, S. Mather, T.J. Belanger, D. Cooper, Ö. Türeci, P.R. Dormitzer, U. Şahin, K.U. Jansen, and W.C. Gruber, for the C4591007 Clinical Trial Group*

Table 2. Results of Serum SARS-CoV-2 Neutralization Assay 1 Month after the Second Dose of BNT162b2 among Participants 5 to 11 and 16 to 25 Yr of Age.*

Age Group	BNT162b2 Dose Level	No. of Participants	GMT (95% CI)†	Geometric Mean Ratio, 5-to-11-yr-olds vs. 16-to-25-yr-olds (95% CI)‡
5–11 yr	10 µg	264	1197.6 (1106.1–1296.6)	1.04 (0.93–1.18)
16–25 yr	30 µg	253	1146.5 (1045.5–1257.2)	—



Pfizer booster dose now also approved

Efficacy End Point	SARS-CoV-2 Infection Status	BNT162b2	Placebo	Vaccine Efficacy (95% CI)
		No. of participants with event (total no.) Surveillance time (no. at risk) 1000 person-yr	No. of participants with event (total no.) Surveillance time (no. at risk) 1000 person-yr	%
Covid-19 ≥ 7 days after second dose	Without evidence of previous infection	3 (1305) 0.322 (1273)	16 (663) 0.159 (637)	90.7 (67.7–98.3)
Covid-19 ≥ 7 days after second dose	With or without evidence of previous infection	3 (1450) 0.353 (1398)	16 (736) 0.176 (704)	90.7 (67.4–98.3)

Figure 3. Vaccine Efficacy in Children 5 to 11 Years of Age.

ORIGINAL ARTICLE

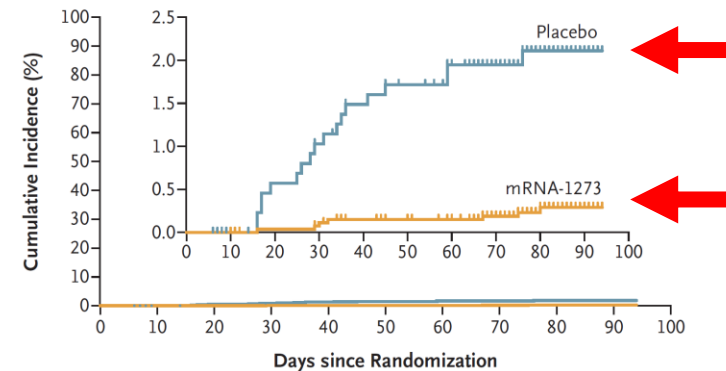
Evaluation of mRNA-1273 Covid-19 Vaccine in Children 6 to 11 Years of Age

C.B. Creech, E. Anderson, V. Berthaud, I. Yildirim, A.M. Atz, I. Melendez Baez, D. Finkelstein, P. Pickrell, J. Kirstein, C. Yut, R. Blair, R.A. Clifford, M. Dunn, J.D. Campbell, D.C. Montefiori, J.E. Tomassini, X. Zhao, W. Deng, H. Zhou, D. Ramirez Schrepp, K. Hautzinger, B. Girard, K. Slobod, R. McPhee, R. Pajon, R. Das, J.M. Miller, and S. Schnyder Ghamloush, for the KidCOVE Study Group*

Table 2. Immunogenicity of the mRNA-1273 Vaccine in Part 2 of the Trial.*

Variable	Children, 6–11 Yr mRNA-1273, 50 µg (N=320)	Young Adults, 18–25 Yr mRNA-1273, 100 µg (N=295)	Children vs. Young Adults
Baseline			
No. of participants with nonmissing data	317	295	
Geometric mean pseudovirus neutralizing antibody titer (95% CI)†	9.3 (NE to NE)	9.3 (9.2 to 9.4)	
Day 57			
No. of participants with nonmissing data	319	295	
Geometric mean pseudovirus neutralizing antibody titer (95% CI)‡	1610 (1457 to 1780)	1300 (1171 to 1443)	Geometric mean titer ratio, 1.2 (95% CI, 1.1 to 1.4)‡

A Covid-19, CDC Definition



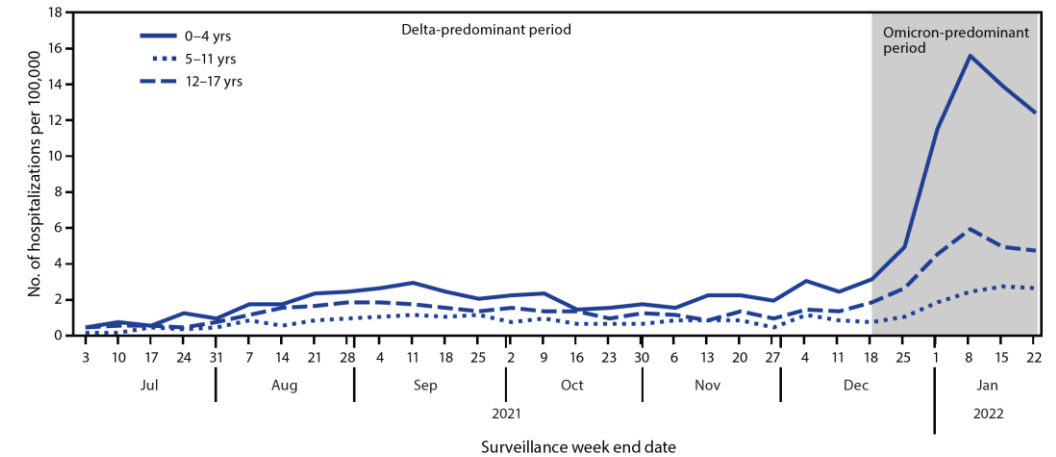
No. at Risk	Placebo	mRNA-1273
0	880	2687
10	876	2685
20	870	2679
30	865	2677
40	858	2670
50	854	2667
60	845	2660
70	777	2561
80	407	1677
90	83	548
100	0	0

Vaccine Efficacy (95% CI) %	Incidence Rate (95% CI) per 1000 person-yr
Placebo	117.1 (69.4–185.1)
mRNA-1273	14.0 (5.6–28.9)

Hospitalizations of Children and Adolescents with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, July 2021–January 2022

Kristin J. Marks, PhD^{1,2}; Michael Whitaker, MPH¹; Onika Anglin, MPH^{1,3}; Jennifer Milucky, MSPH¹; Kadam Patel, MPH^{1,3};

FIGURE. Weekly COVID-19–associated hospitalization rates* among children and adolescents aged 0–17 years, by age group — COVID-NET, 14 states,† July 3, 2021–January 22, 2022



Abbreviation: COVID-NET = Coronavirus Disease 2019–Associated Hospitalization Surveillance Network.
 * Number of patients with laboratory-confirmed COVID-19–associated hospitalizations per 100,000 population; rates are subject to change as additional data are reported.
 † COVID-NET sites are in the following 14 states: California, Colorado, Connecticut, Georgia, Iowa, Maryland, Michigan, Minnesota, New Mexico, New York, Ohio, Oregon, Tennessee, and Utah. Starting the week ending December 4, 2021, Maryland data are removed from weekly rate calculations.

Pfizer and BioNTech Initiate Rolling Submission for Emergency Use Authorization of Their COVID-19 Vaccine in Children 6 Months Through 4 Years of Age Following Request From U.S. FDA

Tuesday, February 01, 2022 - 04:20pm



- With pediatric COVID-19 cases surpassing 10 million and at the request of the FDA, the companies have submitted available data on the safety and efficacy of two 3 µg doses as part of a three-dose primary series for this age group to address the urgent public health need
- Companies plan to submit additional data on a third 3 µg dose in this age group in the coming months
- If authorization is granted, the Pfizer-BioNTech vaccine would be the first COVID-19 vaccine available for pediatric populations under 5 years of age

Home / News / Health News

Pfizer Falters With Test of Vaccine for Youngest Children

Pfizer determined that two low doses of its vaccine did not produce an adequate immune response in some kids under 5, likely posing a setback to providing shots for the youngest population.

By [Kaia Hubbard](#) | Dec. 17, 2021, at 4:03 p.m.

The change to the ongoing trials, which studies children between six months and 5 years old, is likely a setback in the timeline for making the shots available to the youngest population. Although the company said the two lower doses of a vaccine generated a strong immune response in kids under age 2, the same wasn't true for 2- to 5-year-olds.

BREAKING ECB member pushes for quick move to raise rates, says Russia-Ukraine war could derail recovery



MARKETS BUSINESS INVESTING TECH POLITICS CNBC TV INVESTING CLUB PRO

Pfizer delays its FDA application to expand its Covid vaccine to kids under 5 until ~~April~~ **MAY**



PUBLISHED FRI, FEB 11 2022-1:37 PM EST | UPDATED FRI, FEB 11 2022-6:55 PM EST



Spencer Kimball
@SPENCEKIMBALL

SHARE

KEY POINTS

- Pfizer and BioNTech said they needed more data “because rates of infection and illness remain high in children of this age” due to the omicron variant.
- Dr. Peter Marks, head of the FDA division responsible for vaccine safety, said the sudden decision to delay authorization should reassure parents that the FDA is doing due diligence to make sure the vaccine is safe and effective for kids.
- Marks said parents will have to rely on mitigation measures to protect their children as they wait for the vaccine’s authorization in the coming months.



CNBC TV

The News With Shepard Smith

UP NEXT | **Worldwide Exchange**
05:00 am ET



HEALTH AND SCIENCE

Pfizer says third Covid vaccine shot for kids under 5 is 80% effective against omicron

PUBLISHED MON, MAY 23 2022-6:45 AM EDT | UPDATED MON, MAY 23 2022-10:15 AM EDT

[Pfizer](#) and [BioNTech](#)'s three-dose [Covid](#) vaccine for children 6 months to 5 years old was 80% effective at preventing illness during the omicron wave, according to preliminary clinical trial results released Monday.

A third dose of the vaccine elicited a strong immune response and was well tolerated by the kids with a majority of the side effects mild to moderate, according to the companies.

Moderna Files for Authorization of Its COVID-19 Vaccine in Young Children Six Months to Under Six Years of Age

4/28/2022

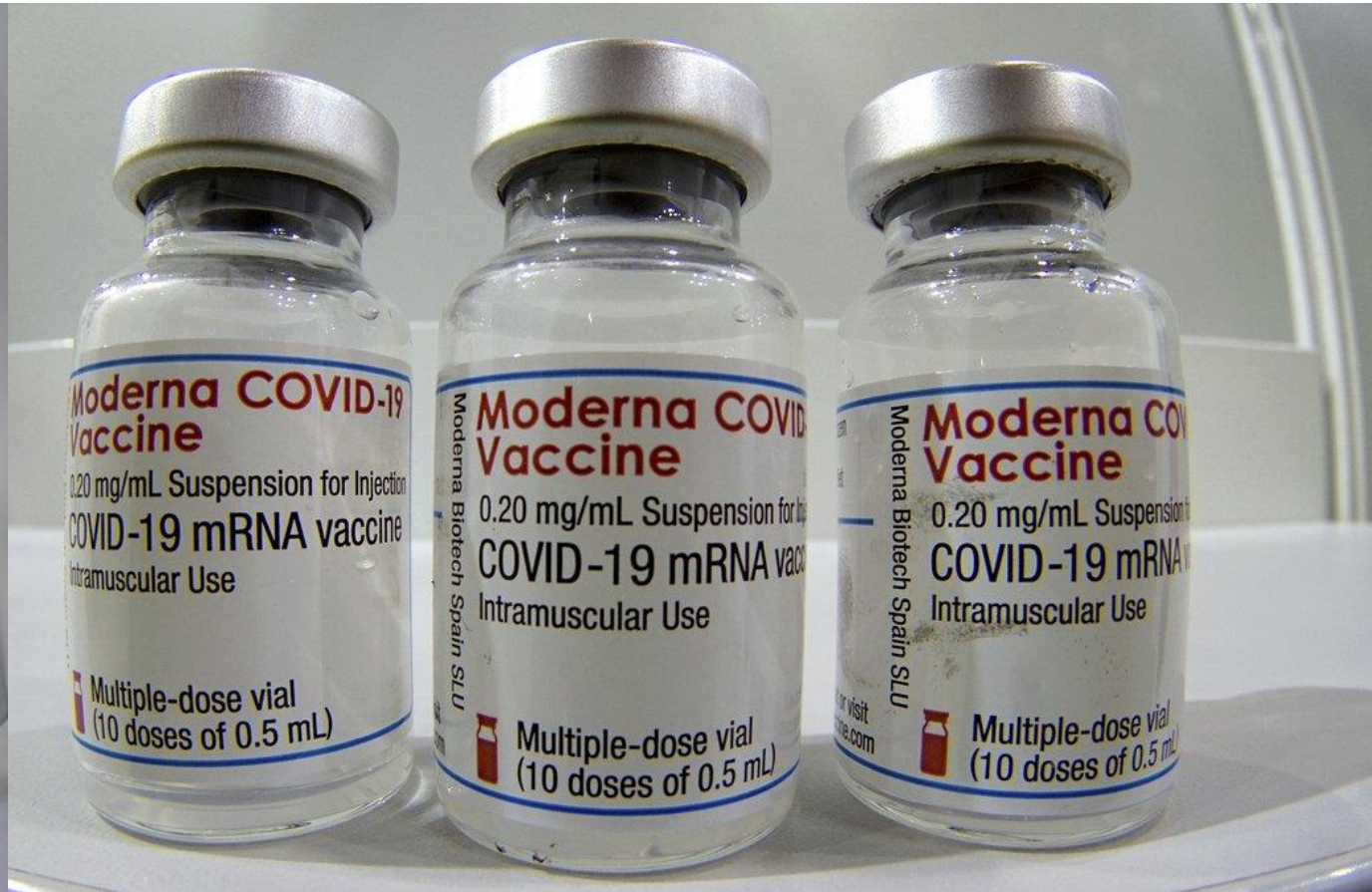
Positive interim results from the Phase 2/3 KidCOVE study, announced on March 23, 2022, showed a robust neutralizing antibody response in the 6 month to under 6 years of age group after a two-dose primary series of mRNA-1273, along with a favorable safety profile. The antibody titers in the pre-specified 6 month to 23 month and 2 years to under 6 years age sub-groups met the statistical criteria for similarity to the adults in the COVE study, which satisfied the primary objective of the study. The previously announced results included a supportive

preliminary efficacy analysis on cases mostly collected during the Omicron wave, including home testing for COVID-19. When the analysis is limited only to cases confirmed positive for SARS-CoV-2 by central lab RT-PCR vaccine efficacy remained significant at 51% (95% CI: 21-69) for 6 months to <2 years and 37% (95% CI: 13-54) for 2 to <6 years. These efficacy estimates are similar to vaccine efficacy estimates in adults against Omicron after two doses of mRNA-1273.

The EUA submission for children ages 6 months to under 6 years will be complete next week. Moderna is also currently studying booster doses for all pediatric cohorts.

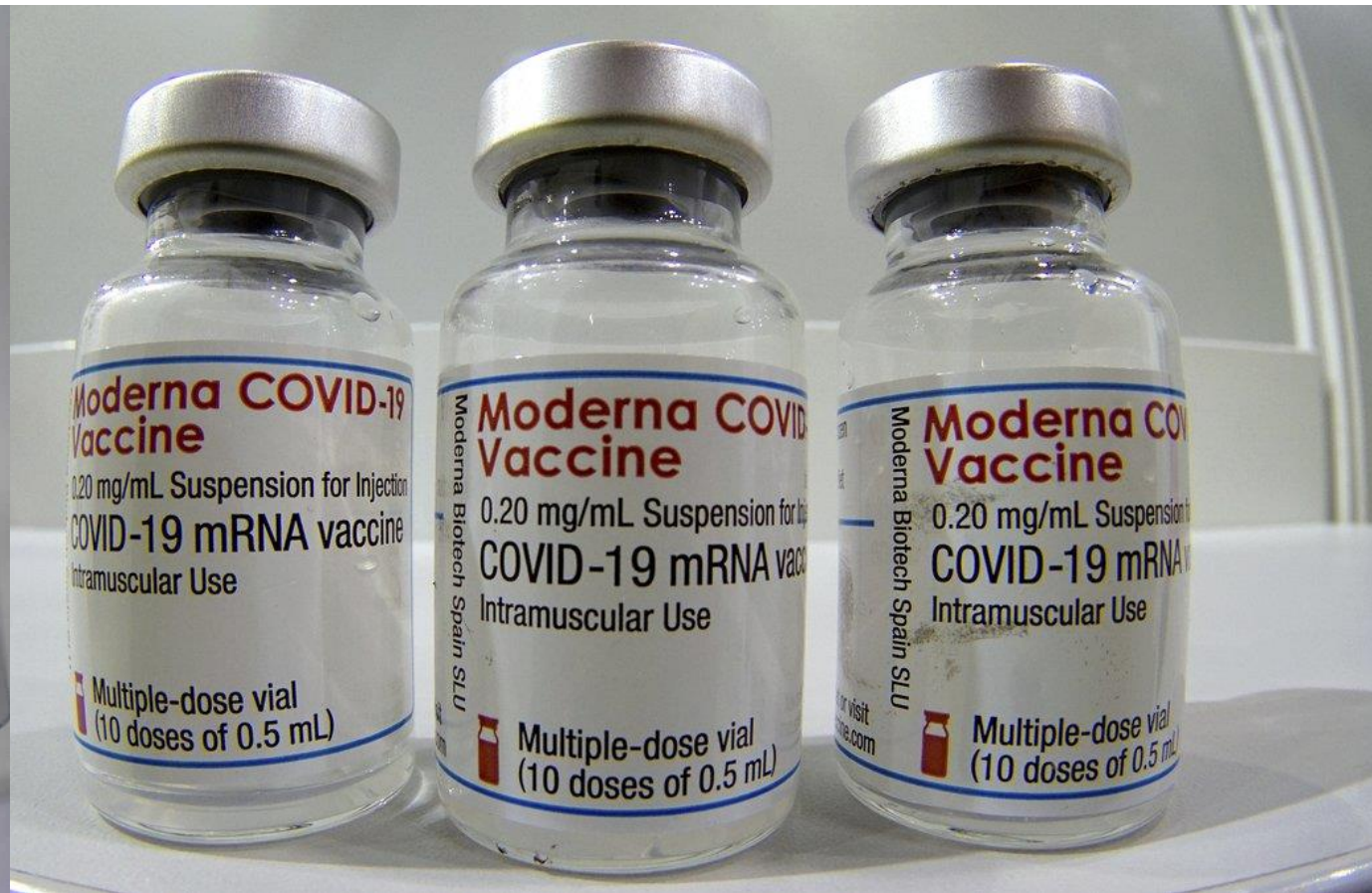
VRBPAC meeting: Moderna 6 – 17 year old on June 14
Moderna + Pfizer (2 dose vs 3 dose primary series) on June 15
After VRBPAC meeting → FDA decision
ACIP meeting → ACIP decision → CDC decision

What is the effectiveness of these vaccines?



What is the effectiveness of these vaccines?

!!!ZERO!!!



Walt Orenstein: Vaccinations save lives

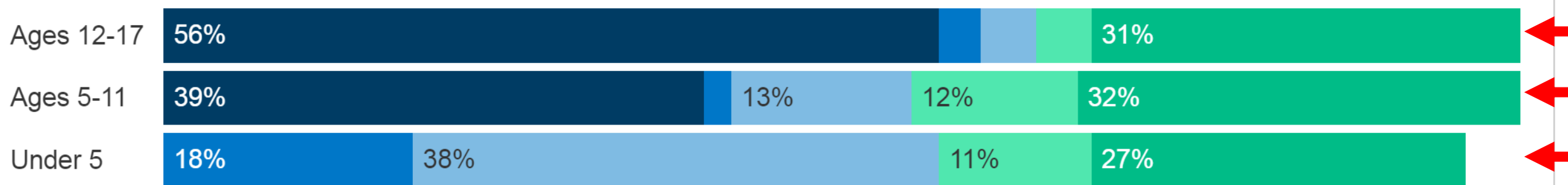


Figure 1

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...?

■ Child is vaccinated
 ■ Right away
 ■ Wait and see
 ■ Only if required
 ■ Definitely not



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](#)

**KFF COVID-19
Vaccine Monitor**