



Children's  
Hospital  
of The King's  
Daughters

*The following are questions that attendees asked during a September 16<sup>th</sup> VDH Town Hall with pediatrician Doug Mitchell, MD, medical director of CHKD Medical Group, and pediatric infectious disease specialist Laura Sass, MD, medical director of infection prevention and control at CHKD, along with answers from the doctors.*

***This information is provided for informational or educational purposes only and does not substitute advice or treatment recommendations from your child's doctor. Your child's doctor is the best source of guidance regarding your child's health.***

*Q: Please tell us more about where/how to get COVID testing. It's concerning that the wait time for tests exceeds 24-48 hours at times. I have two fully vaccinated children, age 17 and 13. However, with the checklist that comes with reporting to school (any symptoms), it's concerning that the potential for missing school while waiting to test (to potentially protect others) may become lengthy. This also opens the window for families that may not have the ability to wait for tests to send their (possibly contagious) children to school.*

**A: Testing is a challenge right now. The demand is huge. The first step is understanding when testing is appropriate. There is a lot of misunderstanding. COVID testing can be done at primary care physicians, pharmacies, and central testing sites run by the cities and local health departments. Asymptomatic and mildly symptomatic children should NOT go to emergency rooms. They are overwhelmed right now and need to be able to care for sick children. Because your children are vaccinated, they will not need to be quarantined just because of exposure. They will also only need testing if they develop symptoms.**

*Q: What causes the myocarditis in young men after receiving the vaccine?*

**A: Myocarditis is inflammation of the heart lining and heart muscle. The reason it develops is not understood at this time. We do know it is very rare and has resolved in all cases without long-term effects.**

*Q: Do you know if the vaccines for children under age 12 will be doses based on age or weight or some other measure?*

**A: The information we have so far indicates that the vaccine for the younger age group will be a smaller dose that results in the same immune response with a lower risk of side effects. It is based on age, not weight.**

*Q: My son has severe food allergies, asthma and anaphylaxis. He always has reactions to his vaccines. I am terrified of the COVID vaccine for him. He is so sensitive and breaks out easily. Not sure how to ease my anxiety. Are there currently any studies with these reactions right?*

**A: Our best advice would be to speak with your son's allergist to answer your specific questions about your son and the best course of action.**

*Q: I've read that other countries (such as England) are not recommending the vaccine for children under 12, in part due to side effects such as cardiomyopathy potentially being a greater risk for that age group. What is your take on this? I want to make the right decision for my children."*

**A: As of today, September 23, 2021, no country has yet recommended vaccine for those under age 12. We are all awaiting the data that will be submitted soon. To clarify: the vaccine has not caused cardiomyopathy. You are probably thinking of the VERY rare reports of (primarily) males age 12 to 30 who have reported myocarditis/pericarditis after the vaccine. This is a different illness, and all reported cases have resolved with no long term effects. The myocarditis that can result from natural COVID-19 infection is more common AND more serious.**

*Q: I read that the FDA recently said boosters are not necessary, but the vaccine developers are saying they are. Who should I trust when two seemingly reliable sources disagree?*

**A: This is a great example of what happens when the press releases a lot of information about possibilities and maybes. The manufacturers gather the data and submit the data to the FDA with their recommendations. The FDA reviews the data. This eliminates conflict of interest in the process. The FDA recently voted to recommend booster doses only to age 65 years and older. They have already recommended 3<sup>rd</sup> doses to immunocompromised. The booster doses will not be approved until the Advisory Committee on Immunization Practices (ACIP) of the CDC makes a final recommendation. Again, that committee is multidisciplinary without conflict of interest making best public health recommendations. This is the same process for EVERY vaccine recommendation include the EUA approvals for the COVID vaccines. As of 9/28/21, there are groups that SHOULD be given the booster and groups that MAY be given the booster, but only for the Pfizer vaccine at this time.**

*Q: Will this recording be available after the meeting? Will the link be posted on the Facebook Event? I want to be able to review this again with my husband.*

**A: Yes. Here's [the link](#).**

*Q: Do you know when the vaccine will be available for 5-11 year olds?*

**A: The company is submitting the data and application to the FDA by the end of September. There could be a final decision by the end of October or November.**

*Q: I heard the Dr. say that when there are fever, muscle aches, etc., it means that the vaccine is working. So if those symptoms don't show up does that mean the vaccine isn't working?*

**A: No, everyone responds differently. The studies showed good immune response with and without side effects.**

*Q: There are parents in our community circles who are saying if their kid tests positive, but isn't overly symptomatic, they plan to not tell the school and keep sending their kid to school. How are the schools learning who tests positive? I personally know of several cases where this happened.*

**A: This is very unfortunate, and irresponsible, selfish behavior. They are putting other children and at-risk individuals at greater risk of infection and complications.**

*Q: For young children, what activities are high risk and should be avoided? Play dates with other children whose parents ARE vaccinated but kids cannot receive? Outdoor dining? Outdoor team sports?"*

**A: We have been giving the same guidance for many months. The high risk contacts are being less than 6 feet away from someone for more than 15 minutes in a 24 hour period. That primarily involves**

**indoor contacts. The risk is less but not zero when outdoors. That risk is less when masks are worn. Vaccinating children lower the risk.**

*Q: My son had Kawasaki's disease when he was 22 months old. His last EKG was when he was 5 or 6 and then he was cleared. He is 12 now. Is he at higher risk for myocarditis if he gets vaccinated?*

**A: We do not have data to tell us if the risk is higher or not. In general, we would expect the risk of the vaccine to be lower than the risk of complications if he acquires COVID disease, but this is something you should discuss one-on-one with your child's physician. We can't give specific patient advice in this forum.**

*Q: How do you coordinate the timing of the flu shot with the COVID-19 vaccine?*

**A: No coordination is needed. They can be given together or with any other vaccines. No limitations of timing whatsoever.**

*Q: If I have a child that has a reactive airway disorder from contracting RSV at an early age, is he more at risk for severe infection with COVID? Is there a correlation with reactive airway and severity of infection?*

**A: We do see that preexisting lung disease may mean more severe COVID-19 infection.**

*Q: If a child already had COVID and recovered do they still need the vaccine?*

**A: The current CDC guidance is that anyone with COVID disease can and should receive COVID vaccine any time following the end of their isolation period. Their protection from a repeat infection is reduced by more than half by also receiving the vaccine.**

*Q: Is there a test available to specify which mutation of COVID a patient has?*

**A: There is no testing for variants for individuals. It is being done for regional and national surveillance purposes only.**

*Q: Have you seen an increase in infections in 12-17 year olds?*

**A: Yes, there has been an increase in infections and hospitalizations over the past two months. This is the same time that we have seen predominantly Delta variant.**

*Q: Have there been any report to VAERS in regards to delayed or interruption in menstruation of girls after the vaccine?*

**A: The purpose of VAERS is to gather information on any potential effects of vaccines. There have been reports, but a VAERS report doesn't mean that the vaccine caused the issue. There is currently no evidence of menstruation problems as result of the vaccine. Due to the concerns, it is still being followed closely.**

*Q: How much does taking vitamins and a diet filled with antioxidants, drinking bone broth, organic food and fresh eggs and meat without hormones help with preventing getting COVID or reducing the side effects if infected? I feel if you are healthy you don't need the vaccine.*

**A: We cannot quantitate the protective effect of vitamins and supplements in preventing or treating infection. There is no science to give that answer. We have science from other infections. For example, we know that Vitamin A helps with Measles infection. That is about the only example. The data are very clear that even the healthy can have severe COVID disease, long COVID, and die from COVID. The vaccine reduces the risk significantly for infection, hospitalization, and death. 98% of people in the hospital now have not been immunized. Some of them were previously completely healthy.**

*Q: Do people who have had COVID contribute to herd immunity or just those who are vaccinated?*

**A: Any infection or immunization provides some level of protection and adds to that herd immunity. As discussed above, immunization following infection provides and even higher level of protection from infection and complications.**

*Q: How safe is the Covid-19 vaccine for my 13-year-old granddaughter who was born with spina bifida? Will it protect her from the Delta variant?*

**A: While we cannot give individual medical advice in this forum, this is definitely something you should discuss with her doctors. We can say that the vaccine is definitely providing significant protection from the delta variant.**

*Q: What are the circumstances where the COVID-19 vaccine isn't recommended for children?*

**A: The only contraindications are the severe anaphylactic reactions to some IV treatments and other vaccines. These are rare. There are no other reasons to not vaccinate children.**

*Q: If a child had MIS-C, is there any research on the safety of the vaccine? Will it make them react same way?*

**A: We have no data on this at this time.**

*Q: Have there been any deaths or injuries reported from this vaccine?*

**A: The studies and VAERS have been watching and reporting any concerns of injuries. Deaths have been reported as part of those concerns. Upon investigation however, none of those deaths have been the result of the vaccine.**

*Q: Do you have any advice for parents who have teens who do not want the vaccine because they have heard a variety of misinformation?*

**A: Yes. Please get those children to watch the recording of this Town Hall and give them this information to read so they can have the facts and dispel the misinformation.**

*Q: COVID here to stay like the flu?*

**A: My crystal ball is not perfect, but I'm going to say, yes, this is likely to be with us for a while.**

*Q: My son is turning 12 this month. He is small for his age. Should he wait for the 5-11 year old version vaccine?*

**A: No he can get it when he turns 12. The dose is based on age.**

*Q: You mentioned herd immunity. What is the percentage of the population that needs to be vaccinated to achieve that?*

**A: The goal for herd immunity is greater than 80% immunity in the community.**

*Q: When will younger children (toddler and up) be able to get a vaccine?*

**A: 6 month-5 years studies are underway. It will definitely be wintertime before we get that approval.**

*Q: What is the risk of taking the vaccine if you have an immune issue already?*

**A: The only additional risk is not developing as much immunity from the two doses. That is the reason for the recommendation of a 3<sup>rd</sup> dose in people with immune problems. People with immune issues are exactly the people who should get the vaccine for protection.**

*Q: Is it normal after getting the first vaccine to have swollen lymph nodes in the throat?*

**A: Yes, that is a normal part of the immune response in some people.**

*Q: Does the COVID-19 vaccine compromise your immune defense against other infections (non-coronavirus)?*

**A: No.**

*Q: I have a 5 year old who has a rare disease and we are wanting our 11-year-old vaccinated to better protect both children, especially the child with medical needs. Can exceptions be granted for my 11 year old?"*

**A: No. While we sympathize with your situation, we can only offer the vaccine in accordance with CDC and FDA guidance.**

*Q: With natural immunity being 27x better than vaccine immunity (BJM), what is the SURVIVAL rate by age of those who get COVID?*

**A: I would need to review the study that is referred to. I am not aware of the data that natural immunity to COVID is better than vaccine induced immunity.**

*Q: Should I be worried about sending my asthmatic kids to school right now?*

**A: Again, we can't give individual advice in this setting, but in general, kids need to be in school for learning and mental health. We definitely encourage good asthma management this year— monitoring symptoms according to your child's plan, coordinating care with your school's nurse, following your doctor's guidance for meds, and making sure your children wear masks at school.**

*Q: My young children are back at school. I am so afraid of them contracting COVID before a vaccination is available to them. What is the actual risk to them if they contract it? They have no underlying health conditions.*

**A: The risk of COVID complications in children is less than it is in adults, but not zero. They should wear a mask at school and follow other mitigation recommendations to stay as safe as possible.**

*Q: My child has recently started having reactions to the flu shot and will begin getting them at the allergist office. Is he at an increased risk of a reaction with this vaccine and should we have him get it at the allergist as well?*

**A: I would ask your allergist this question.**

*Q: How is the approval process for the vaccine for adults different from the approval process for children? Is it the timeline, getting enough children to be trial candidates or other factors?*

**A: There is no real difference in the approval process. Just the process of ethics of research, time to enroll and analyze and time to review. Ethically, studies must be done in adults first. Adults can give informed consent for themselves, but children receive consent from their parents. Research must prove safety in adults prior to study in children for that reason. The studies in children then require additional testing of the proper dose to give the same immune response without additional side effects. When the dose is decided, then the studies proceed, and everything else is the same.**

*Q: What is the difference between the Pfizer and the Moderna that both aren't authorized for 12-17?*

**A: Timing of the companies getting the studies completed and submitted for approval has been different.**

*Q: With Virginia law mandating that schools return to 5-day, in-person instruction, and our 5-11 year olds being unable to be vaccinated, are the precautions public school districts are able to put into place enough to seriously protect our unvaccinated children? Also, how much of a risk are unvaccinated educators and support staff in our elementary schools?*

**A: Many school districts and studies demonstrated that school could be conducted in person safely during the last school year. In fact, using the mitigation measures last year, it was safer for our children to be in school than in the community. Therefore, to keep our children safe we should follow CDC and VDH guidelines including masks and distancing as much as possible. There are other details that the schools are also following.**

*Q: How have they been able to study the effects on fertility in pre-pubescent children over time?*

**A: You are correct, there is no way to be 100% certain of fertility of young children many years from now. We do know that no vaccine has ever interfered with fertility and in nearly 30 years of experience with mRNA vaccines have not had any problems with fertility.**

*Q: What should we be doing to keep our children who are too young to be vaccinated safe?*

**A: The methods to protect younger children are the same as the past year. Everyone else around them who are eligible for the vaccine should receive the COVID vaccine. Two-year-old children very successfully wear masks when in public.**

*Q: If a child is exposed at school should the entire family quarantine?*

**A: No. The exposed child should quarantine as recommended by the school. In general, COVID testing does not change that need for quarantine. Other family members only need to quarantine if the household child develops symptoms or is positive. Vaccinated individuals never need to quarantine following exposure unless they develop symptoms.**

*Q: We're in the second week of school and already seeing COVID climb. Is there anything you'd recommend the school systems to do above what they are doing, which currently for Chesapeake is really just masking and assigned seats for contact tracing?*

**A: I know for a fact that Chesapeake Public schools are doing a great job. They set the standard for successfully returning to school last year and are using those lessons learned for this year about what helps and what doesn't help. The only debate is masks vs no masks. There should not be a debate. During the current surge, masks should be worn. That is the strong and clear consensus recommendation of the medical professionals.**

*Q: Can you speak about COVID and the data that aligns with kids that have asthma and if the medications they are taking helps protect them at all while we wait until the younger children have a vaccine?*

**A: There is no real data of the medications providing protection against COVID. It would relate to how well the asthma is controlled by the use of those medications.**

*Q: Where should someone who is asymptomatic but exposed get tested?*

**A: Not in an Emergency Room. Try your PCP or pharmacy or mass testing sites.**

*Q: I'm terrified of giving my children the Pfizer vaccine. Is the Johnson and Johnson vaccine more traditional and when should that be available for children under 12?*

**A: I don't know the timing of J&J for children. The data indicate that the Pfizer is more protective than a single dose of J&J. J&J vaccine is also a vaccine technology that has not been widely used before. We have the data and millions of doses of experience now with Pfizer. I am personally more comfortable with the Pfizer for myself and my patients.**

*Q: When booster shots are approved for the general public by the FDA - do you recommend that healthy individuals (not immunocompromised) get the booster?*

**A: I would recommend that we follow the FDA and then CDC guidance on the booster shots. Those recommendations are based on the best available data and reviewed by experts without conflict of interest issues. FDA gave recommendation for 65 years and older on September 22. The current recommendations are that ages 50-64 years with a chronic medical illness should be vaccinated, and that ages 18-49 years with a chronic medical illness MAY be vaccinated.**

*Q: Why do the mRNA vaccine types produce side effects and the live vaccines typically don't?*

**A: Live vaccines (including MMR, and varicella) do have some side effects. Those side effects do appear to be less common than mRNA. It is more a function of the virus that we are trying to produce immunity against than the type of vaccine.**

*Q: The PCR test is being eliminated in December of this year because it is too inclusive - many false positives. Why are you still using it?*

**A: The PCR test is not being eliminated. Manufacturers make regular improvements and changes to their available tests, perhaps you read something about that. We use PCR testing for MANY respiratory and other pathogens. PCR testing for COVID will not be eliminated. CHKD only uses FDA approved or tests under EUA in the health system.**

*Q: Thank you for doing this meeting. Do either of you have any conflicts of interest?*

**A: No conflict of interest for either participant**

*Q: What is the typical length of time of a FDA vaccine trial?*

**A: The Length of a trial depends on the infectious agent being studied and the prevalence of the infectious agent in the community. The length of the trial depends upon how many people are needed to fulfill the statistical expectations of the study, how quickly those people can be enrolled, and how quickly the doses can be scheduled. For COVID, enrollment went very quickly because there was great interest by volunteers. Because there was so much COVID in the community, it did not take long to determine that the vaccine was quite effective in preventing severe disease. In illnesses with less infection, it may take months or years to get the necessary data.**

*Q: Would you recommend just one shot for a 14-year-old boy since the myocarditis happens after 2nd shot?*

**A: No, I would recommend both doses to provide the expected immunity. Only one dose might decrease the risk of a VERY rare side effect with no bad outcomes. The risk of infection with adverse outcomes is higher.**

*Q: Once the vaccination is available for all children, will it become a requirement in the schools? Not sure if you know this information.*

**A: No way to predict this. And we are not aware of discussion at this time. Remember, the vaccine is currently available for 12 to 17 year-old through an Emergency Use Authorization. There would not be a requirement until after full FDA approval.**

*Q: How long will my infant receive antibodies through breastmilk? She is 10 months old and I plan to stop breastfeeding once she turns 1.*

**A: Infants receive all of the protective effects of breast milk while breastfeeding continues.**

*Q: Are there any severe side effects of the vaccine those who are under 18 years?*

**A: In a clinical study, adverse reactions in adolescents 12 through 15 years of age included:**

- Pain at the injection site (90.5%)
- Fatigue (77.5%)
- Headache (75.5%)
- Chills (49.2%)
- Muscle pain (42.2%)
- Fever (24.3%)
- Joint pain (20.2%)
- Injection site swelling (9.2%)
- Injection site redness (8.6%)
- Lymphadenopathy (0.8%)
- Nausea (0.4%)

Severe allergic reactions, including anaphylaxis, have been reported following administration of the Pfizer-BioNTech COVID-19 Vaccine outside of clinical trials. Myocarditis and pericarditis have been reported following administration of the Pfizer-BioNTech COVID-19 Vaccine outside of clinical trials.

*Q: What is the full list of possible symptoms associated with COVID now?*

**A: People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. People with these symptoms may have COVID-19:**

- **Fever or chills**
- **Cough**
- **Shortness of breath or difficulty breathing**
- **Fatigue**
- **Muscle or body aches**
- **Headache**
- **New loss of taste or smell**
- **Sore throat**
- **Congestion or runny nose**
- **Nausea or vomiting**
- **Diarrhea**

**This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.**

*Q: Should masks be worn in preschool during nap time?*

**A:** The CDC has specific guidance for early childhood education centers. [COVID-19 Guidance for Operating Early Care and Education/Child Care Programs \(cdc.gov\)](https://www.cdc.gov/nczod/coronavirus/2019-nCoV/guidance-early-childhood-education.html). ECE programs should work with [local public health officials](#), consistent with applicable laws and regulations, including those related to privacy, to determine the prevention strategies needed in their area by monitoring [levels of community transmission](#), local [vaccine coverage](#) rates, the occurrence of outbreaks, and local policies and regulations. CDC continues to recommend masking and other strategies to prevent spread of SARS-CoV-2. However, if ECE administrators decide to remove any of the layered prevention strategies in an ECE setting, they should be removed one at a time and monitored closely (with adequate testing through the community) for any outbreaks or increases in COVID-19 cases. ECEs should communicate their strategies and any changes in plans to staff and families, and directly to older children, using accessible materials and communication channels, in a language and at a literacy level that staff, families, and children understand. See CDC's feature on [helping young children and parents transition back to school](#).

*Q: How common is re-infection (Getting Covid multiple times)? Has that increased with the Delta variant?*

**A:** There appears to be a small risk of re-infection, but since we do not have the information about what strand someone is infected with, it is hard to answer. I can tell you that we are not seeing many children have repeat positive tests outside of the 90 day window when you would expect the PCR to be still positive.

*Q: Should all children with DiGeorge receive a booster?*

**A:** Your child's doctor is your best source of guidance concerning your child's health. In general, T-cell deficiency associated with DiGeorge syndrome would qualify as an immune compromised condition and warrant receipt of the 3<sup>rd</sup> dose.

*Q: Will immunodeficient children benefit from the vaccine if they don't normally build antibodies to other vaccines?*

**A:** We must defer to your own physician's knowledge of your child's condition. In general, most immunodeficiencies have some, but decreased, level of immune response to vaccines. In general, all with immunodeficiencies would have some benefit from the vaccine.

*Q: What is considered an "outbreak?" For example, how many students/staff in a school of 1,000 is concerning enough to warrant a complete quarantine or additional plans?*

**A:** The public health definition of an "outbreak" (in school) is documented in school transmission of the virus. An infected child was in school and spread the virus to another child in the school. It only takes one spread to qualify as an outbreak. The contact tracers and public health work together to determine the amount of spread that may warrant quarantine of a classroom, or other group, or entire school. That is not a specific number.

*Q: If there are risk factors for blood clots, tumors, heart issues, vasovagal syncope...is it safe to get a vaccine?"*

**A:** The J&J vaccine (which is not approved for children) does have a risk of blood clots. The Moderna and Pfizer vaccines do not. There are no tumors as a result of any of the vaccines. The myocarditis question is answered above. Vasovagal syncope (fainting) occurs with any vaccine. It is a result of the needle and not the content of the vaccine.

*Q: Will children need to get booster dose?*

**A: It is way too early to know. We will need to watch the data of over the next several months.**

*Q: Are children having the same clotting symptoms as adults?*

**A: There are some clotting issues in children related to severe COVID-19 infection. There are treatment protocols in infected children to prevent and treat those issues. There are no clotting issues related to the Pfizer vaccine.**

*Q: How can I protect my 8 month old?*

**A: Vaccinate everyone around the infant who is eligible for vaccine. Follow the recommended mitigation strategies of masks and distancing.**

*Q: What to do if someone's husband and oldest son will not get a vaccine, but the wife and middle child did get a vaccine. The youngest child is not able to get the vaccine yet. Best way to stay safe in that home?*

**A: Many homes don't have everyone immunized because the children are younger than 12 years. Continue setting the example of vaccination. Ask family members to view this town hall and these answers and to continue to consider the data.**

*Q: Are you familiar with the Novavax, the covid vaccine that was made the "regular" way, that should come out in January? Would you recommend this one over the mRNA version?*

**A: Yes, Novavax has been made in the same manner as other previous vaccine (e.g. HPV). This creates the spike protein in cells and that is injected. With Pfizer and Moderna, the spike protein is produced in our cells. Either way, we develop an immune response to the spike protein. I would not recommend waiting for Novavax over the current vaccines. They are safe and they are available today. I would hate for someone to delay vaccination to wait for another vaccination to only have an infection with a bad outcome.**

*Q: Is the vaccine as likely to protect against the new MU variant as it was the Delta variant?*

**A: We can expect some protection. It may be the same or may be decreased. The level of protection is impossible to predict until we see.**

*Q: What is a compromised immune system?*

**A: It's when a person's immune system does not respond to infections in the normal fashion. These can be from inherited conditions or from medications that specifically suppress the immune response.**

*Q: Are the children that are being hospitalized needing to be intubated like adults?*

**A: Some children are indeed having the same breathing problems leading to the need for ICU care and support.**

*Q: We can definitely say that the only protection for our children are masks-- in schools or anywhere.*

**A: Masks are not the only protection in school. We learned a lot in the past 18 months about what works to provide protection. Every little bit helps, but some mitigation measures work better than others. Vaccinations and masking are by far the most effective. We have known for decades that handwashing helps. Cleaning of surfaces probably helps some, but that is not really the mode of transmission for this virus. It is spread through airborne droplet.**

*Q: Has there been any new research or results for the effectiveness of an adult receiving the vaccine being passed to an infant or newborn thru breastmilk?*

**A: We are not aware of specific data yet.**

*Q: My child blisters, redness and welts approximately 3 inches long with the varicella vaccine and had some reactions with other childhood vaccines. Would this be safe for him?*

**A: Consult your physician.**

*Q: Is the quarantine 14 days or 10 days?*

**A: The CDC recommends that the ideal quarantine following exposure is 14 days. That is the lowest risk of subsequent spread. Ten days is still effective, but slightly increases the risk of spread due to the quarantined person maybe still acquiring infection and spreading it before they are symptomatic. It is a calculated risk analysis: 14 days is ideal, but 10 days may be acceptable to get critical workers back to work.**

*Q: Do the natural antibodies work as well as the vaccine?*

**A: The data indicate that the protection from vaccination is better than the protection of just a prior infection.**

*Q: Why don't vaccinated people have to quarantine after exposure if vaccinated people can still get COVID?*

**A: You are correct. An asymptomatic person would still be able to spread COVID; the risk is not zero. However, the risk of infection in vaccinated people is enough lower that with monitoring for symptoms and use of masks, the risk of subsequent spread is lower. The key is also using masks. Those are the recommendations today. We may learn something new with this current surge of delta variant and need to change those recommendations in the future.**

*Q: If a child who isn't old enough for the vaccine is exposed at school does the entire family need to quarantine?*

**A: If a child is exposed at school and instructed to quarantine for 10-14 days due to that exposure, no one else in the family needs to quarantine unless the first child becomes symptomatic or infected with COVID.**

*Q: If you're pregnant and get vaccinated, will the baby be vaccinated as well?*

**A: A pregnant woman who receives the vaccine produces antibodies that provide some protection to the baby. That is called passive immunity because the baby did not actively produce their own long lasting immunity.**

*Q: How long after being diagnosed with COVID will you test positive?*

**A: We have learned a lot about that. It depends on the test. We learned that the PCR test can stay positive for up to 90 days, but that does not mean the person is infectious. The RNA of the virus is still present (the PCR test is positive) but it is not infectious. We know that most people are no longer infectious 10 days after the onset of symptoms or a positive test. Therefore, we do NOT need a test to prove negative before the end of isolation. The PCR test can stay positive for up to 90 days**

*Q: If you can still spread COVID when you are vaccinated and not realize it because your symptoms are mild, then wouldn't it be better not to get the vaccine so you can know to keep away from others so that you don't spread the virus?*

**A: The vaccine is not preventing all infections. It is preventing severe disease from COVID. It is preventing hospitalizations and deaths.**

*Q: We isolate, we wear masks, we virtual school, we order our groceries and wash them. My husband and I are vaccinated. Our children are too young for the vaccine. We enjoy hiking and being outdoors, and we want the kids to get exercise. How great is the risk of contracting Covid, when walking down a trail after other hikers or runners are in that space, walking behind those who are unmasked?*

**A: The risk is minimal. I would encourage you to continue those activities.**

*Q: Can my granddaughter with spina bifida get her shot in her legs where she cannot feel them?*

**A: Your child's doctor is your best source of guidance concerning your child's health, but the vaccine can go into any muscle. The needle must be long enough to reach the muscle. So it would likely depend on the needle available and her size.**

*Q: Does the protection from the Moderna vaccine wear off faster than other vaccines?*

**A: Actually new data indicate that Moderna vaccination may be more long lasting than Pfizer. More studies are being done.**

*Q: How will my antibodies protect my child that I am breastfeeding?*

**A: The nursing mother is herself protected. She is less likely to become infected and spread it to the baby. That is the primary method of protection. Secondarily, some of the antibodies pass to the baby in breastmilk.**

*Q: I had a very hard time making a decision on the vaccination just because information does not seem to be objective. I was looking for objective pros and cons. It is not realistic that there are only pros to the vaccine. Can you speak to why there seems to be an absence of truly objective information?*

**A: The original studies and subsequent studies do provide the objective data. They present the benefits and the subsequent risks of the vaccination and risks of infection. The preponderance of scientific data show that the vaccine is much less risky than the infection.**

*Q: Is it safe for an unvaccinated child to go to pumpkin patches and hiking trails? How paranoid should I be about being in proximity of unmasked adults in outdoor spaces, if we wear masks? My children are too young for the vaccines right now.*

**A: You can continue those outdoor activities in the safe manner that you describe.**

*Q: If the vaccine is safe for pregnant women and protects the unborn baby, why isn't it safe for infants or young children to receive on their own?*

**A: That is a different immune mechanism. That needs to be studied for the proper dose and safety measures.**

*Q: I have a kindergartener in public school and I am a healthcare provider. Obviously, she cannot get vaccinated yet; however, the eligible family members are vaccinated. If she has a positive exposure at school, what should be the next step for her and for me since I am working out of the home with potentially vulnerable patients? Should I also get tested?*

**A: If your kindergartener is exposed at school and the school recommends quarantine, then you should follow that quarantine advice. You and others in the home only need to quarantine if the kindergartener becomes symptomatic or infected. There is no reason for you to be tested unless your kindergartener become positive.**

*Q: Are you advising kids who don't normally react to other vaccines to get the vaccine? For example a child with CVID?*

**A: Your child's doctor is your best source of guidance concerning your child's health. In general, we do recommend vaccine in all immunocompromised patients. Immunocompromised patients should also receive the 3<sup>rd</sup> dose.**

*Q: My son just started playing soccer outside. Should he wear a mask while playing?*

**A: Follow AAP sports recommendations. Those would indicate no need for mask while actually playing, but wear the mask on the sidelines and when within 6 feet of others. If he is 12 years and older, get him vaccinated.**

*Q: Recent news reports state very few school systems in the area have committed to participating in VisSTA. Is VDH doing everything it can to encourage more participation?*

A: Yes.

*Q: What about activities? For example, ballet in a class of 20 students wearing masks. Can you give any activities since it will be cold soon?*

**A: A child should wear a mask in an indoor ballet class. Six feet of distance between students would also decrease risk of infection. Maybe smaller classes would be possible?**

*Q: Would the vaccine have any negative effects of children with G6PD deficiency?*

**A: It should not, but your child's doctor is your best source of guidance concerning your child's health.**