



# Manitowoc County Health Department

*Mission: To Protect and Promote the Health of Manitowoc County in Partnership with our Community*

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## An Open Letter to Parents about the Childhood COVID-19 Vaccine

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Dear Parents,

Many of you have reached out to me over the last several weeks with questions about the pediatric COVID-19 vaccine. While more than 90,000 children ages 5-11 have now been vaccinated in WI, hundreds of thousands more remain unprotected. Thank you for reaching out – I think it's time we talk.

I want to start by addressing something that I hear over and over from parents, and that is the language used around decision-making. Many of you have expressed concern about making the decision to vaccinate for your children, but I think it's important to realize that making this decision is inescapable. You are either choosing to vaccinate your child or choosing to leave your child unvaccinated. This is a significant choice to make.

If it seems daunting to make that choice – look to the experts. All professional agencies who specialize in public health, medicine, and children's health (including American Academy of Pediatrics, Centers for Disease Control, Food and Drug Administration, independent universities, and more) whose job it is to look at the data and understand risk/benefit assessments for medications and vaccines have come out strongly in favor of the vaccine.

Of course it's still great to be able to review and understand yourself why these recommendations have been made! Here is why I (and other experts) believe it is safer to vaccinate your child than to not vaccinate your child:

### **COVID can make children very sick**

While COVID-19 is typically less severe in children than it is in adults, it is not a harmless infection. More than 8,300 children have been hospitalized for COVID as of mid-October, with 1/3 of these children requiring ICU admission. COVID can impact even healthy children - 1 in 3 children hospitalized for the infection had no underlying health conditions. From October 2020-October 2021, 66 children died of COVID-19.

Sixty-six childhood deaths may not sound like a lot, but it does make it the 8<sup>th</sup> leading cause of death among that age group. In contrast, many times fewer children died from rotavirus (20), rubella (17), varicella/chicken pox (16), Meningococcal (8), and Hepatitis A (3) each year before those vaccines were authorized – but we vaccinate our children for these diseases because A) we should prevent preventable deaths, and B) disease has more negative outcomes than just death.

While many children have mild to moderate symptoms that can be treated at home, approximately 1 in every 3,200 COVID infections among children leads to Multisystem Inflammatory Syndrome in Children (MIS-C). MIS-C is a serious condition that causes inflammation throughout a person's organ system -with 60-70% of patients are admitted to intensive care, and 1-2% of children who develop MIS-C die. Children with no or mild symptoms from their COVID infection can develop MIS-C.

One of the most concerning things about COVID (in my opinion) is its known propensity for causing long-term health problems, known as "Covid Long Haul Syndrome," or "[Post COVID Syndrome](#)." The CDC cites a study from the UK that found 7-8% of children with COVID-19 reported continued symptoms more than 12 weeks after diagnosis. The most common symptoms include fatigue, difficulty thinking, cough, trouble breathing, joint or muscle pain, chest or stomach pain, mood changes, headache, fever, heart palpitations, loss/change of smell or taste, and lightheadedness when standing up. These symptoms can sometimes be debilitating. Just like MIS-C, Post COVID Syndrome may appear after mild or severe infections.

## COVID infections in children lead to others getting sick

Infected children spread COVID-19 to those around them, affecting their classmates, teachers, family, and community members. Children cannot typically isolate themselves in a household as they need care. This can put even vaccinated parents at risk of breakthrough infections, leading to illness, time off of work, and more. Vaccinating children ages 5-11 years old is expected to prevent approximately 600,000 cases from November 2021 to March 2022.

## COVID vaccines are effective

The COVID-19 vaccine authorized for use in children is a smaller dosage of the Pfizer COVID-19 vaccine that has been administered to hundreds of millions of adults around the world. We know that the adult vaccine has worked spectacularly well, with an initial protection of 95% against disease and over 90% protection against hospitalization and death after 6 months. Thus, it should not come as a surprise that the pediatric dose has also performed well, preventing more than 90% of infections in clinical trials. No severe cases of COVID-19 were reported, nor were there any MIS-C cases in the clinical trials.

## COVID vaccines are safe

The Pfizer COVID-19 vaccine has been given to hundreds of millions of adults, and over a million youth ages 12-15. The only side effect of significance that has been noted is a very small risk of myocarditis in some populations, mainly young males. Myocarditis is an inflammation of the heart muscle, often caused by an immune response from an infection or vaccine. Most people with myocarditis fully recover with rest and/or medication.

The risk of developing myocarditis after COVID-19 vaccination is most elevated in males 16-17 years of age, with a rate of 69 cases per 1 million doses administered. It is important to note that the risk of myocarditis among children infected with COVID-19 is many times higher. Children who develop a COVID-19 infection (without MIS-C) have a rate of myocarditis of 200-800 cases per 1 million persons, and in children that develop MIS-C, that increases to 80,000 – 90,000 cases of myocarditis per 1 million persons. **No cases of myocarditis were detected in clinical trials for children ages 5-11.** Overall, side effects in children ages 5-11 are markedly less than in adults, with about 10% of children reporting any adverse events after vaccination, predominantly redness or swelling at the injection site.

One thing that I think is incredibly important to note is that **no vaccine has ever been found to have any complications that are first discovered years down the road.** Historically, any adverse events have been detected within 6 weeks of vaccination. There has never been a known vaccine-related problem that first arises 6 months later, or 6 years later. This is because of the way vaccines work. Vaccines present the body with an illusion of the pathogen and are then cleared from the body, leaving the immune system to develop a response so it's prepared to fight should that pathogen ever make itself visible again.

## COVID vaccines help us return to normal

Vaccinated individuals are less likely to become infected and spread COVID to others. This is good on its own accord, and also makes vaccinated individuals less likely to contribute to a mutation. Finally, vaccinated individuals do not have to quarantine, and thus vaccination can reduce disruptions in our work and home lives due to infections in the community.

COVID-19 vaccinations are our strongest tool for preventing COVID-19 infection and illness, including in children. To find an appointment in your area, please visit [vaccines.gov](https://www.vaccines.gov).

If you have additional questions or concerns regarding COVID-19 or vaccination, please call the Health Department at 920-683-4155. We will be happy to speak with you.

Wishing you a safe and happy holiday season,

*Stephanie Lambert*

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