

COVID-19 Vaccine Q&A 1/20/2021

At this point, OCDEL hasn't received direction from either DHS for the child care side or PDE for the PKC/HSSAP side as to what next steps are for announcing the vaccinations for child care providers. The Department of Health is still in process of working this out. Once OCDEL receives information from either side, they will be sharing out through our normal channels (EEN, Certification Announcements, requesting ELRCs to share).

We are hearing more and more that there are some local municipalities that have started working on this - Allegheny County is working to identify and register child care providers to understand staff numbers and connect them with potential vaccination sites. Providers need to access the Vaccine Map at the Department of Health Vaccine Page (link is below). I could be wrong, but I also don't think that OCDEL will have any kind of logistical role – OCDEL will merely be asked to push communication out to providers.

We understand that providers will look to OCDEL to set policy about whether they can require staff to have the vaccine and OCDEL will not be doing that. It is often confusing to providers, but beyond what is in the Certification Regulations, child care is considered a small business and they would need to follow statewide Labor & Industry laws.

PA DOH has developed a public facing website where folks can go for updates and to understand the state's progress toward the Interim COVID-19 Vaccination Plan, but even the plan is a moving target and is on its 4th version.

All providers should check in periodically to:

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Vaccine.aspx>

Dr. Timothy Shope, MD, Children's Hospital of Pittsburgh:

Insights to share:

So there has to be enough vaccine supply and access/prioritization before there can be a requirement. We are not even there yet for health care providers. However, with child care providers moving to phase 1b in Pennsylvania it may only be a month until we get there. I think this is the reason healthcare is not requiring it YET.

Better to focus their energies into vaccinating the willing rather than expending time and energy chasing refusers. Keep in mind, health systems have to vaccinate and care for all the patients. They are limited right now in what they can focus on.

Once vaccine access for child care providers is achieved, I think there should be a requirement even if health systems have not yet adopted this stance.

Side effects are well described in the NEJM article. Worse for second dose. Most should be able to work the next day.

Statistics from Dr. Shope:

- Chance of severe short-term side effects from COVID vaccine(s) is about 6 in 1 million.
- Chance of getting infected with COVID is approximately 30-40 per 100 people per year.
- Chance of dying of COVID: over 1 in 1000 per year so far and getting worse.
- Chance of long-term side effect of COVID immunization - unknown but long-term effects of ANY vaccine are extremely low.
- Chance of long-term effects from COVID: pretty high it seems from the reports.

The issue is that people don't accurately weigh the risk of commission (getting a vaccine) vs. omission (not getting it). People are overly afraid of doing something when the greater risk is not doing something.

Dr. Paul Offit, MD, national vaccine expert on the FDA Advisory Committee for COVID-19 vaccines, who works at CHOP Vaccine Education Center, shared that if the disease is more deadly and kills more people (like COVID-19 is) than another illness, then people fear that vaccine more than they would for a vaccine for a less deadly (as if) disease. So for example, people fear getting the measles vaccine more than they fear getting the mumps vaccine. This is because measles is more deadly than mumps – it kills more people than mumps.

Dr. Brittany Massare, MD, Pediatric Advisor to ECCLS:

Q: A center Director recently asked about COVID immunization considerations for staff to be presented to their Board of Directors for consideration. What are your thoughts on the following questions:

Q: Can a center mandate that all staff receive the COVID vaccine (except those with a medical or religious exemption)? Their HR person thinks so -- like other vaccine requirements for staff.

- If they cannot mandate, would you recommend strongly encouraging staff to receive it?

A: *Health care systems are not even requiring the vaccine at this time. I am not sure about laws, etc regarding this but I think it should be strongly recommended, but might be hard to require at this time.*

- **Q:** Should the center reassign those refusing to get COVID immunization to classes with children over 2 years (since children under 2 years old are not wearing masks)?

- Is it sound medical sense to say if the staff is working with children too young to be masked that they would have to be vaccinated? If unvaccinated, should staff be moved to a different place in the program (i.e. working with older children who wear masks) or is the health benefit not large enough?

A: *The vaccines are approximately 90-95% effective so far, so the vaccination provides immunity to the person who received it, but at this point we cannot say that it changes transmission rates. From what we know, someone who is vaccinated could be asymptomatic and still spread the illness the same as a*

vaccinated person. Because of this, I do not see a utility in changing roles of teachers based on vaccination status.

- **Q:** Are side effects from vaccine great enough to cause teacher absences that require staff reassignment? Is it good idea not to immunize the entire staff at same time or all teachers in same room? (so not everyone is experiencing side effects simultaneously) How long of an interval between vaccination of rooms would you recommend (based on how long do the side effects lasts)?

Both approved vaccines can cause mild side effects in the first few days. Similar to other vaccinations, there may be soreness at injection site, fatigue, mild body aches, headache, etc. Anecdotally, it seems the second dose has more side effects than the first, but the CDC says it still is just mild to moderate symptoms. Because of the CDC guidance, I do not see a reason to stagger the vaccine.