

NAPNAP Calls for Timely, Efficient and Equitable Distribution of COVID-19 Vaccines for Children

The National Association of Pediatric Nurse Practitioners (NAPNAP) strongly urges prompt, efficient and equitable administration of the COVID-19 vaccine for children as the most effective method to mitigate disease severity and transmission of the SARS CoV-2 virus.

The Centers for Disease Control and Prevention (CDC, 2021) highlights that pre-existing conditions put children at increased risk for COVID-19 related disease morbidity and mortality. As of May 2021, there have been 323 deaths among children ages 0 to 18 years from COVID-19 compared to child deaths from influenza in recent years which ranged from 144 to 198 deaths annually (CDC, 2021b; CDC, 2021b). Stark disparities are emerging, with Black and Hispanic children at more than three times greater risk of death from COVID-19 compared with white children of similar age. In addition, a significant burden of hospital and critical care admission rates related to acute SARS CoV-2 and Multi-system Inflammatory Syndrome in Children (MIS-C) remains.

President Biden set a goal for 70% of the U.S. adult population to receive at least one dose of COVID-19 vaccine by July 4, 2021. Timely, efficient, and equitable widespread immunization is the best option for prevention and protection against the SARS CoV-2 virus transmission in children.

Significant distribution challenges were identified with vaccination of adult populations, which will likely be compounded and more complex with children who must rely on adults for transportation and consent for vaccination. It is imperative children are not overlooked in planning for COVID-19 immunization distribution efforts. Currently proposed government-led distribution plans suggest over-reliance on administration by primary care offices. While this is an important component of a vaccine distribution strategy for the pediatric population, overemphasis risks inequitable distribution and access for marginalized children. A comprehensive plan is needed that includes other important health care access points of schools as well as health providers including pediatric-focused advanced practice registered nurses (APRNs).

In the United States, immunization rates for vaccine-preventable diseases such as polio and measles began to freefall following COVID-19 lockdowns in the spring of 2020. Recovery has been sluggish, with an estimated 30% deficit currently. This escalates concern over outbreaks of not only COVID-19, but also for other communicable disease outbreaks which would strain an already taxed health care system. This deceleration in immunizations also suggests a COVID-19 distribution system solely relying on outpatient primary care settings is insufficient.



A comprehensive strategy must include partnerships with schools, with consideration for 25% of the U.S. student population in private or parochial schools and 3.3% in homeschool settings. School-based health centers can be particularly effective as community-based resources to provide mass vaccinations for students to achieve immunization rates necessary to lessen disease transmission. This strategy needs to account for children who continue to stay as remote learners in the fall of 2021. Multiple dates and times should be provided within the school district to allow flexible scheduling, including evenings and weekends. This will help reduce barriers for working parents who may find limited appointment availability elsewhere. Providing transportation options to families to accompany their children to immunization appointments will further address barriers to immunization. Funding assistance with transportation from commercial insurers, Medicaid, ride-sharing services, and/or public transportation should be sought to reduce barriers to vaccine access. Further, consent to immunize should be streamlined, allowing verbal consent with distribution of associated educational materials.

For hard-to-reach areas with diminished care access, mobile clinics can allow the vaccine to be dispersed using venues such as: churches, beauty and barber shops, local providers within the communities of similar racial and ethnic backgrounds, summer and after school programs for children and adolescents and local social service agencies/health departments. Other options for mobile partnerships include libraries, food banks, childcare centers, community recreation centers, shopping centers, and youth sports venues. Large health organizations can partner with community centers, churches, and local social service agencies to facilitate convenient access to vaccination opportunities. Using this opportunity to vaccinate parents will benefit families and communities alike.

While recently passed federal legislation allocates \$20 billion to establish a national vaccination program, it does not specifically allocate funding to vaccinate children. NAPNP recommends that the Biden administration earmark a portion of that funding for pediatric vaccination or reallocate money from the \$130 billion designated to help K-12 schools reopen safely to ensure all children have access to COVID vaccines.

A recent survey of pediatric-focused APRNs found that by mid-March of 2021, 73% of respondents had been fully vaccinated with another 18% partially or planning to vaccinate. This same survey found the greatest clinical concern of these care providers was countering disinformation, which contributes to parental hesitancy to have their children vaccinated, even if they are vaccinated themselves. Pediatric nursing professionals are an essential resource in addressing parental concerns about vaccine safety to educate and inform families on the risks and benefits of vaccinating their child(ren). As the most trusted profession, nursing's voice should be leveraged in national, local, and social media outlets to provide credible and timely vaccine-related information. Dispelling misinformation with reliable information sources in a clear and understandable language to families is critical. Resources should be designated and dedicated to



equip and empower nursing professionals to effectively respond to discredited information and unreliable health information sources.

As experts in pediatrics and advocates for children, the National Association of Pediatric Nurse Practitioners calls upon the Biden administration to prioritize planning and funding efforts for timely, efficient, and equitable access to COVID-19 vaccination for children. We further call for inclusion of pediatric-focused APRNs as crucial contributors to these lifesaving efforts.

Supporting Organizations

- American Association of Critical-Care Nurses
- Association for Professionals in Infection Control and Epidemiology
- Association of Faculties of Pediatric Nurse Practitioners
- Association of Women's Health, Obstetric and Neonatal Nurses
- National Foundation for Infectious Diseases
- National League for Nursing
- National Organization of Nurse Practitioner Faculties
- Nurse Practitioners in Women's Health
- Nurses Who Vaccinate
- Orthodox Jewish Nurses Association
- Pediatric Nursing Certification Board
- Society of Pediatric Nurses

***Additional supporters may be added*

References

- Centers for Disease Control and Prevention [CDC] (2021a). COVID-19 in children and teens. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/symptoms.html>
- Centers for Disease Control and Prevention [CDC] (2021b). Provisional COVID-19 deaths: Focus on ages 0 to 18 years. https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm
- CDC. (2021) Influenza-associated pediatric deaths by week of death, 2017-2018 season to 2020-2021 season. <https://www.cdc.gov/flu/weekly/index.htm>
- Peck, J.L., & Sonney, J. (2021). Exhausted and burned out: COVID-19 emerging impacts threaten the health of the pediatric advanced practice nursing workforce. *Journal of Pediatric Health Care*. Advance online publication. <https://doi.org/10.1016/j.pedhc.2021.04.012>