

# Vaccinating Young Children Webinar

JUNE 23, 2022

Good afternoon, everyone. Welcome to our webinar for COVID-19 Vaccine for Young Children. My name is Nancy Grimsrud, I'm one of the vaccine coordinators at the Minnesota Department of Health and Sarah Spah is also joining me today and we're going to be presenting about vaccine for young children.

So just a couple of housekeeping things. The purpose of our call is to share information with our pediatric vaccine partners about vaccinating younger children. So, please note that everyone except the presenters are muted at this time. If you have a question, please put your questions in the Q&A box. You can go up to that little chat icon and type in your questions and we will be answering those questions at the end of our presentation.

This webinar is being recorded and we will be posting it on the MDH vaccine providers website with the transcript and the links on that we talk about today. So, if you don't catch them as we're going along, they will be posted on our website. Just to be to note that this call is not intended for the media or general public. So, we ask that those people disconnect at this time and refer them to our website if they want further information (<https://www.health.state.mn.us/diseases/coronavirus/index.html>).

This call is also has live captioning available if you are interested in that. If you go up to those three little dots at the top of your screen and click on it, you can go down to turn on live captions and you will have a choice of English, Hmong, or Spanish translations for the webinar. So, our objectives today are basically to understand the vaccine products and the immunization schedule for those kids that are under five. To talk about some training resources and educational materials for vaccinating this group. To explain the importance of receiving recommended vaccines in the child's medical home. Talk about some talking points with families and then some ideas on how to incorporate COVID-19 vaccine into routine practice.

So just as an introduction last week, the FDA's Vaccine and Related Biologics Products Advisory Committee voted to recommend authorization of both the Moderna COVID-19 vaccine for six months through five years of age, and the Pfizer COVID-19 vaccine for six months through four years of age under the emergency use authorization. And then on Saturday the 18<sup>th</sup> ACIP met and voted to recommend both vaccines in this age group. So, we're going to talk a little bit about both of those different vaccines. So Moderna for children under six or for six months through five years is a 25-microgram dose given as a 2-dose series. Each dose one month apart. It's going to come in a vial that has a dark blue cap with a label with a magenta border and there's a picture of the box and the label and the vial and the right-hand side. So, in this trial that they did for this age group they had over 6,000 participants, and they did the trial during the time that we have Omicron circulating. They found that it was generally a very safe vaccine. They saw less local and systemic reactions than they did in older kids and adults, however, they did see fever at about 25% of the participants. Most of these were low grade fevers for short durations and there were no hospitalizations in this age group. But this might be a factor that might be important for younger parents of younger children. For immunogenicity, they saw that this vaccine raised the titers to comparable to the adult in the young adult age group, which was what they were comparing it to. So, it simulates the same response as it does in older children and adults. For efficacy, they found it was about 50% effective for the youngest age group

and about 37% effective for the two- to five-year-olds. This is consistent with what we're seeing for real world effectiveness in other ages against Omicron. So, remember that it's been done during the time that Omicron is circulating. The primary dose series is 0.25 mLs and there's a maximum of 10 doses out of each vial. And again, the Moderna vaccine is going to be stored exactly like the adult Moderna vaccine, where it can be in the freezer until the expiration date, or it can be in the refrigerator for up to 30 days.

So just to compare the two Moderna products that will have available. Moderna for six months to five-year-olds will be in that vial with the dark blue cap and the magenta border. The formulation for adults is going to be in the red cap vial with the light blue border. And you'll notice it says 12 years and older, because that's what's coming. But right now, it's only approved for ages 18 and older. But hopefully by the end of the day it will be down to 12. And again, neither one requires dilution and both doses have 10 both vials have 10 doses in each vial, without preservatives so they need to be used within a 12-hour framework.

So, the label will come. It will have that magenta border that has the age highlighted six months through five years. 10 doses of 0.25 mLs. And again, I really encourage people to write the date and the time of first use since oftentimes people are putting these vials back in the fridge and you want to make sure you don't use one that got opened yesterday and when you're going to give vaccine today.

So, as I kind of alluded to Moderna for six- to 17-year-olds actually also got approved last week by the FDA and the ACIP is meeting actually right at this very moment to talk about it. And so, we anticipate that we will most likely hear a recommendation from the ACIP later today. So, we'll be updating people with information as that comes in.

So, the Pfizer vaccine for children under five or six months to four years old is a 3-microgram dose, and it's a 3-dose primary series. So, two doses given three weeks apart and then a third dose that's given at least eight weeks after the second dose. And the Moderna vaccine will come in a vial with a maroon cap and a maroon label. So similar to the orange cap vaccine that we've been using to the for the five- to 11-year-olds. In this study, they also looked at over 4,000 participants and it was also done very primarily during the Omicron period. But some of these kids received their third dose significantly later. As you remember back in February, we were we hoping that this was going to get approved for the two-dose series. They found their data just didn't support that. They added to add the third dose in, and because of that, some kids had a much longer period between the second and third dose when they looked at their data. For safety, really local and systemic reactions were very minimal and very similar after all three doses, and similar to the placebo group. So, we didn't see a lot of pain and headache and fatigue that we did in some of the other vaccines with the other age groups. And including less fevers in this age group as well. Immunogenicity, it's again stimulated a good antibody level after three doses. Compared to two doses in the older age groups. The effectiveness, I think for this vaccine is really, really challenging and I think that kind of has some constraints that we're worried about. So, one is they were very small numbers, and we had a very limited follow up time because of that addition of the third dose. But for the very small group of kids that they did have data on, it showed about 80% effectiveness when they looked at the only after two doses, they only had about 20% effectiveness, which is part of why made them encouraged to go to three doses. But I think that 80% is probably higher than we'll see in real world experience with Omicron, so I think we have to take that with a little bit of a grain of salt. Again, it's a 3-microgram dose. It's 0.2 mLs it does it comes in a vial that does need to be diluted just like the orange cap vaccine. However, this vial needs 2.2 mL's to be diluted and it does make 10 doses per vial once diluted.

So again, kind of reviewing and comparing the Pfizer products. The maroon cap for ages six months to four years old, the orange cap for five to 11, and then the gray cap for 12 and older. Both the maroon cap and the orange cap need to be diluted, but with different volumes. So, remember that maroon cap will be 2.2. Orange cap is 1.3, making sure that you're absolutely certain about using the right amount of diluent as you reconstitute those vaccines.

So, the Moderna label is also somewhat incorrect because these a lot of these vials were actually labeled back in February when they were initially looking at launching the vaccine. So, it has two pieces of information that may be incorrect. One is it says that “you have to discard the vial after six hours”. And since February we've learned that visor actually has stability data that supports that the vaccine can be used up to 12 hours after you dilute it. So, that that's one piece. The other one is the age group is incorrect. It says “two-to five-year-old. Two to less than five-year-olds”, but it can be used in children six months to four years old. So, both of the correct information about those is on the EUA fact sheet, and that's what we encourage you to go to for the correct information and not purely rely on the label. And Pfizer has sent out emails to people, so you should have gotten some email notice from Pfizer about this. They put a letter in the vaccine shipments that went out. They're saying it in their training, so hopefully this is not new news to people who are planning on using this maroon cap vaccine.

So, I think everybody's gonna want to compare the two vaccines, and I think it it's somewhat challenging to do that. And I think one of the things is comparing efficacy and really the CDC says we cannot directly compare efficacies of these two vaccines. Studies were done at different times with different variant circulating and using different methods. So, while it may look on the surface like Moderna has less efficacy than the Pfizer vaccine. I don't think that's a correct conclusion. Both vaccines and met the noninferiority criteria for neutralizing antibodies. So that means that both of these vaccines stimulated the immune system to provide a good level of protection that we've seen in all the other age groups. So, we anticipate that they're going to work just as well as the other vaccines in terms of preventing severe illness, hospitalizations, and deaths. And we are probably at a point where that is one of the things, we really need to help people understand. Especially in the Omicron era, is that, while they may not prevent everybody from getting infected, they are still doing a very good job of protecting everyone against severe disease hospitalizations and death. So, I think when you look at them head-to-head, the two things that kind of I think are really take-home points is Moderna is a two-dose series but there may be more fevers post vaccination. So, for some parents are very young children that might be a concern that they have. Pfizer has the advantage of having less systemic effects and fever, but it does require 3 doses. So, to me those are kind of the take home messages about comparing and contrasting those two vaccines.

So, the pediatric immunization schedule, and all these schedules are posted on the CDC website, and I think they have made a really nice flyer about these, so I think as we get more and more vaccines, and the schedules get more and more complicated I think we're at a point where many people are going to need visual reminders of what the schedule are. So, I encourage you to go and print out these vaccine schedules and post them where you're mixing your vaccine. Post and where you're ordering your vaccine so that you know everybody is kind of aware of what the schedules are. So again, for Pfizer for the youngest kids from six months to four years old. That it's a 3-dose series where they get dose one, then 3 to 8 weeks later get those two and then at least eight weeks later get those three. For the five- to 17-year-olds. It's a 2-dose series with a booster. So, dose one, 3 to 8 weeks later dose two and then at least five months later for the booster dose. For Moderna, for six months to five years old. It's a primary two-dose primary series, given 4 to 8 weeks apart.

For the immunocompromised children, we have a similar schedule that's getting again more and more complex, but for the Pfizer vaccine for even immunocompromised young children they still recommend a 3-dose series. The difference is, give dose one and two or three weeks apart and then wait eight weeks for the second dose or the third dose. Don't wait eight weeks between dose one and two for the immunocompromised kids, stick with the three-week schedule. For kids that are five to 11 and immunocompromised they get their two their three dose primary series. Two doses three weeks apart, then wait four weeks for their third primary one, and then three months later they can get a booster dose. For the older kids with Pfizer from 12 to 17. They get their three-dose series three weeks and then four weeks apart, and then three weeks for the first booster dose I'm sorry three months for the first booster dose and then at least four months for the second booster dose. For Moderna, for immunocompromised kids from six months to five years it will be a three-dose series. Dose one and two four weeks apart. Dose two and three at least four weeks apart as well.

So, the CDC does recommend giving the same vaccine product for all doses in the primary series. That has been a consistent recommendation during the whole process for all age groups, but we also live in the real world and

understand that sometimes kids are gonna get one vaccine and then not have that one available for the second dose. So, for these young kids because of the difference between the two and three dose series. The important thing is if they get two different vaccines for the first two doses, they need a third dose. So, whether that dose is Moderna or Pfizer for the third dose doesn't really make any difference, but if they get a dose of Pfizer and then they get a dose of Moderna they need a third dose. If they get a dose of Moderna and then they get a dose of Pfizer, they need a third dose and so whether that third dose it doesn't make a difference as long as they get three total doses of vaccine. If they've gotten a combination. So again, if you get both doses of Moderna you only need two doses, but if you get any of those doses are Pfizer, then you need at least a three-dose series for this age group.

So, I really encourage anyone who's giving these vaccines to attend the manufacturer's training. Pfizer is doing daily trainings that started earlier this week. We will put to the trainings in the chat and the Q&A box for you (<https://www.pfizermedicalinformation.com/en-us/medical-updates>). Again, I think the big thing that they're talking about in their trainings is that those labels have the incorrect information. So please make sure you refer to the EUA fact sheets. So, the EUA Factsheets are all updated and have been posted on the FDA website and all the other websites. Moderna is doing weekly trainings, they're starting on Tuesday next week and they will include all their vaccines from age six months and older, so it will not only be that the vaccine for six months to five-year-olds, but it also include the six months to seven or six years to 17-year-olds. So again, I think it will. So, Tuesday will be a good time to listen in on there and get into to the Moderna training. So, we'll put both of those websites in the Q&A box and then they also will be on our website if you want to refer back to them (<https://app.livestorm.co/moderna-na-medical/label-updates-moderna-covid-19-vaccine?aimlink=f672d41c9e21821e5a29713c58a2378b&aimtoken=NTk4ODU0NC01OWI4ZWYwYQ>).

There's also a lot of educational material that's available, and so I just really encourage you to make use of all those different things. So, Pfizer has their home page that has a lot of really good information about Pfizer vaccine (<https://www.cvdvaccine-us.com/>). Moderna also has their home page that has really good resources about their vaccine (<https://eua.modernatx.com/covid19vaccine-eua/providers/>). The CDC has I'm sorry the FDA has their COVID vaccine website that's got all of the EUA fact sheets for both health care providers and for a recipients, and it also has some translated into multiple different languages (<https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>). And as of yesterday, when I looked, they had not had they had not translated all the infant EUA factsheets, but they should be up shortly, at least starting to get the translations up there. And then the CDC has a great resource again for all things COVID-19 vaccine (<https://www.cdc.gov/vaccines/covid-19/index.html>). Again, they have manufacturer specific things with labels and all kinds of training information as well as general kind of good job guides. So again, a quick reference guide and different things that you can print out to help you along the way. And then at MDH we've been keeping our website up to date, so we've updated our provider guide. We're just updating the webpage with some of the information about these younger kids. So hopefully that will be up by this afternoon. We did update upgrade our handout on comfort holds for kids (<https://www.health.state.mn.us/diseases/coronavirus/vaccine/provider.html>). So again, a request that we had from people about giving some information to parents about how to hold their kids and so that they feel comfortable and can make their kids as comfortable and secure as possible while they're getting vaccinated. So, then I'm gonna turn it over to Sarah so she can talk about vaccination in the medical home.

Thanks Nancy, and good afternoon, everyone. So, for this youngest age group COVID-19 vaccine is being highly promoted to be received for children in their medical home. And that's for a variety of reasons. And the biggest reason is that primary care provider is the most trusted source of vaccine information. And the medical home is also a place where the children are getting their well-child visits and other routine vaccinations, and we want to make sure all children are staying up to date on these important visits. If you haven't already visited CDC's Resources to Promote COVID Vaccine for Children and Teens webpage (<https://www.cdc.gov/vaccines/covid-19/planning/children/resources-promote.html>), there's actually a section called "talking with parents and caregivers", and it contains some really good resources, including a new quick conversations guide on COVID-19

for children. Which I'll go into a little bit more detail in some upcoming slides. So, kids should be able to get all immunizations in their medical home. This is important as many children have gotten behind on their routine immunizations during the pandemic. CDC's recommendations continue to include coadministration of COVID-19 vaccines with routine immunizations without regard to timing. So that means to when they do come in for their well-child visit, or they're coming in to any visit in their medical home would really encourage you to provide the COVID-19 vaccine with any of the other recommended vaccinations for that age group. Next slide.

So, we highly encourage our vaccine for children's providers to become COVID-19 providers also, if you haven't already, and begin vaccinating all eligible age groups. This is particularly important because VFC providers are uniquely positioned to promote equitable access, and they serve a diverse patient population which helps promote that every child and family has the same opportunity for vaccination.

VFC providers are also highly trusted, and they're subject to holding high quality standards for the VFC program, so if you're a VFC provider really, we really encourage you to become a COVID-19 vaccine provider and start immunizing children in all the age groups that are eligible. Next slide.

So, with CDC's recommendations that everyone six months of age and older get vaccinated against COVID-19 they've shared some key messages with us, and the first one is that vaccination among children younger than five years of age will allow nearly 20 million more children to be protected against COVID 19, including severe outcomes like hospitalization. That's really important in terms of looking at the graph to the right, and if you look at that graph, you're gonna be seeing a hospitalization rates for children and adolescents six months to 17 years. And that red line is for the age group six months to four years, and you're going to see a peak in that peak is really happening around the Omicron surge, and so you can see that the children six months to four years aren't spared for hospitalizations, and they were the highest, had the highest peak for all of the age groups in the children under 17. And vaccination of children six months and older is another critical opportunity to protect them from severe illness, especially those disproportionately impacted by COVID-19, such as certain racial and ethnic groups and children with disabilities. So COVID-19 vaccination among younger children can also help decrease the strain on the health care system and provide families with greater confidence with children participating in child care, school, and other activities with less risk for serious COVID illness. Next slide.

I'm not sure if it's changed yet Nancy to the next slide. There we go. Alright talking points for parents. So, as I referenced earlier the Talking with Parents and Caregivers section on CDC's resources to promote the COVID-19 Vaccine for Children and Teens webpage (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/why-vaccinate-children-teens.html>). They have that Quick Conversation Guide, and that Quick Conversation Guide actually has a very nice handout, and the guide actually includes quick answers to some common questions that parents, and caregivers may have about COVID-19 vaccination, and that handout includes one of the biggest questions of why should my child get vaccinated. So, children who get COVID-19 can get very sick can require treatment in a hospital, and in rare situations, can even die. After getting COVID-19 children and teens can also experience a wide range of new, returning, or ongoing health problems. Getting eligible children vaccinated can help them from getting really sick, even if they do get infected and help prevent serious, short, and long term COVID-19 complications. Vaccinating children can also give parents greater confidence in their children participating in child care, school, and other activities and getting a COVID-19 vaccine is a safer, more reliable way to build protection than getting sick with COVID-19. The known risks of COVID-19 and possible severe outcomes, such as long-term health problems, hospitalization and even death outweigh the potential risks of having a rare, adverse reaction to vaccination. So, the benefit of COVID-19 vaccines like all other vaccines, is that those who get vaccinated get protection without risking the potential serious consequences of getting sick with COVID-19. So that handout can actually be distributed to your staff so that they can help answer some of the questions that they're going to be getting from the parents. It's a great handout, so I would encourage you to maybe check that out. Next slide.

So, incorporating COVID-19 vaccination into your current practice, and some of you probably are doing this very well already, especially in vaccinating children 5 and older. If you did have the Pfizer vaccine available, but maybe some of you haven't been able to vaccinate children yet and are starting to now enter into that with the Moderna

products that are coming available and the younger authorization for the younger kiddos. So, offering COVID-19 vaccine to all eligible people, don't waste any opportunities. So, offer that vaccine to unvaccinated parents whenever possible. And we really want to encourage, don't worry about wasting doses when opening vials. But we really need you to report that wastage if you do waste the vaccine. And reporting wastage the directions for that can be found in our provider guide, so feel free if you haven't had to report wasted yet to seek that out in our provider guide. Look at vaccine status at every visit, not just those well-child visits, and remind parents that their child is due every single time. Consider offering COVID-19 vaccine blocks of time for those only needing COVID-19 vaccine, especially evenings or Saturdays when possible. As we know, many parents are working during the weekdays and aren't always able to take off work to bring their children into the clinic on. So, we really encourage kind of offering some of those off times also. Next slide, please.

On this side slide, there's some good social media graphics. There's some good posters and even videos that now include children ages five and under on CDC's resources to promote COVID-19 vaccine for children and teens. The videos are really nicely done, and it would definitely be a nice addition to have playing during family waiting times in your clinic, so I would check those out also (<https://www.cdc.gov/vaccines/covid-19/planning/children/resources-promote.html>). Next slide.

And v-safe is one of the many safety surveillance system and providers personalized and confidential health check-ins via text messages and web surveys to monitor vaccine side effects. Providers should provide information on the program at the time of vaccination. They should explain the importance and benefits of the program and then encourage parents and caregivers to register on behalf of their child. Parents though will need a smartphone and they'll have to have their child's immunization card to register so they have the details on that vaccination they received. I think during the post vaccination waiting time is really a perfect time to have them start registering while they're sitting and waiting. So, encouraging that is really helpful too. Next slide.

And with that, it's time for questions. Please note that on this slide we do have our COVID-19 vaccine inbox, which is [health.covid.vaccine@state.mn.us](mailto:health.covid.vaccine@state.mn.us) and that's available to our vaccine providers for questions outside of this webinar, or if we're not able to get to all questions that might be in our Q&A section (<https://www.health.state.mn.us/diseases/coronavirus/vaccine/provider.html>). So, with that, I'm going to hand it over to Caitlin for the Q&A section.

Thanks Sarah. So, we have a couple questions in here I think can be answered. The first two probably at the same time. The question is, so Moderna for those six years to 17 has been approved and isn't there a gap? If using Moderna, what are we doing from 5 to 12 years for Moderna? So, thanks for those questions, so yes. So Moderna for six- to 17-year-olds has been authorized by the FDA and the ACIP, which is the CDC's Vaccine Committee, is discussing it right at this moment. So, if you remember, when we look at vaccine approvals, we need both of those things before we start using the vaccine. We need the authorization from the FDA and then we need the CDC's recommendation and approval. So, we anticipate that by the end of the day today, we will actually have the CDC's approval and then we'll be able to go forward with vaccinating kids in that age group with Moderna from 6 to 17 years old. So, there is so right there and there is definitely a gap in there right for Moderna from 6- to 11-year-olds. So right, they're going to approve basically, we anticipate they're going to improve the adult vaccine to be used for kids that are 12 and older and we'll need to have another vaccine for the kids from 6 to 11. So those are things that, once it gets approved by the ACIP and we have more information, will be sending out that information and updating our all our materials again. So, we anticipate that will probably be working on that today and tomorrow and by early next week we should have more information available for people about Moderna for the whole age group. So again, looking at all the way from six months to adults. So, at this moment in time before the CDC actually votes. Right now, we just have vaccine for Moderna approved for those kids from six month to five years of age and from 18 and older, but we anticipate that middle group is going to get approved and will go forward and have information about vaccine for those middle age groups in the next couple days.

Thank you, Nancy. Our next question I am assuming this is talking about v-safe. What if parents do not have a smartphone? I can take that one, and the program really is supported with having a smartphone. So, they do need

to have a smartphone with text messaging services and internet access, and this is also one of the questions that's on the v-safe webpage too. And basically, what it's saying if they can't participate in v-safe, they just remind them that they can submit adverse events following vaccination to the Vaccine Adverse Events Reporting System or VAERS and just remind them that that's a you know, a voluntary system that even they can report if they're having an adverse reaction to the vaccine. But no. They have to have a smartphone to participate and v-safe.

Thank you, Sarah. Our next question is, what guidance do we have for individuals who change age groups between doses for Pfizer? For example, 4-year-old receives maroon cap for dose one and then turns five years old and receives orange cap for dose two. Do they recommend a third dose with orange cap 8 weeks later, or four-year-old receives maroon cap for dose one and two then turns five years old? Do they recommend a third dose with maroon cap or orange cap 8 weeks later? Yes, so this is a very complicated question, but basically right, and the CDC does address this in the interim clinical considerations. So, they say for those kids who four years old right now but will turn 5 before they're due for dose two, you have the option to just give them the orange cap vaccine. So, it would be those kids who are you know whose birthday was is within that three-week age group. Between four that they'll turn 5 between those three weeks. So basically, what they're saying is we can give orange cap vaccine a couple weeks early to those kids so we can give them two doses of the orange cap vaccine. Or you can give them the age-appropriate dose, but if they get the maroon cap they should get a total of three doses, so if they get so, they're if they're turn five between dose one and two, they should get the and we you give them the maroon cap, but then they're turned five for the second dose you could give them the orange cap, but then they should get another dose of orange cap vaccine afterwards. Or you could or if they're turning five between those two and three you can give them two doses of maroon cap, and then when they turn five, give them the third dose of the orange cap. So yes, so basically, we really want them to get to get make sure that I think it's mostly going to be those kids that you give one dose of the maroon cap to one or two doses before they turn five. You want to make sure they get a total of three doses because just two doses with the lower dose of the maroon cap is not gonna be enough to protect them. so those kids. So, I think know if you have orange cap, probably you, especially for kids that are gonna turn five in that three weeks between those one and two it may just be the best solution to just go ahead and give him two doses of the orange cap vaccine. And those are the recommendations that are right out of the interim clinical considerations.

Thank you, Nancy. The next question is, do you know the expiration information on Pfizer? Moderna was discussed, but not Pfizer? Right, so Pfizer is the same as it is for all of the other vaccines that they have. So, it's the vaccine is good until the expiration date. And remember the Pfizer products have the manufacture date listed on the vial, not the expiration date. So, at this point in time all those vaccines are good for 12 months from the date of manufacture. So, whatever that manufacture date is, it's good for 12 months as long as it's stored in the ultra-cold freezer. Once it moves to the refrigerator, it's good for ten weeks, no matter what the final expiration date is. Unless that expiration date is less than 10 weeks. So, if you have a vial that expires the end of July and you put it in your fridge today, it expires the end of July even though it'll be less than 10 weeks in the fridge.

Thank you for that Nancy. As of right now that's all we have for any questions. Feel free to drop any in the Q&A box at the top. Thanks, April. I think I just want to take opportunity to remind people that on our COVID-19 vaccine providers web page, we have the sign up for our weekly updates that we send. And sometimes our weekly, sometimes they're more and sometimes they might be a little less but generally anything that's new about COVID-19 vaccines. You know, we passed that information along in our provider bulletin, our provider bulletin updates that go out, you know once a week. And so, I really encourage everyone that's giving COVID vaccine to, you know, to go in and sign up for those updates because it is you know, these vaccines are changing. They're changing frequently, and we really want to make sure that people have the most up to date information. And then I also just wanted to say that all of the vaccine for children under five that was pre ordered has been shipped out. So hopefully people have their vaccine already. We do have more vaccine available and so you can go in and order more vaccine at this point in time if you need to, and we anticipate that our supply of vaccine is not going to be an issue. So again, we don't want you to stockpile a bunch of vaccine, but if you if you are

anticipating that you're going to need some more go ahead and order more because at this point in time we have an adequate supply.

We have one more question that just came in, will MDH be offering Moderna 6 to 11 years? So again, because it hasn't actually formally gone through the whole process, we're still waiting, but yes, definitely we will have vaccine available. So, we're just waiting to hear all the specifics about when it's going to be available and all of that information and as soon as we know that will pass it along. So most likely we'll send out a special bulletin, probably like I said, my guess is tomorrow with some updated information for Moderna vaccine in that gap age group between 6 and 17 years old.

We have about five minutes left please feel free to put any questions in the Q&A at the top. So thank you Sarah, for putting in the link to the Provider Bulletin (<https://www.health.state.mn.us/diseases/coronavirus/vaccine/vaxbulletin.html>) and the provider website (<https://www.health.state.mn.us/diseases/coronavirus/vaccine/provider.html>). And yes, all the past issues can also be, are also found on that page. So, if you ever have a question and you say I remember I read about that in a bulletin last week or a couple weeks ago we put them all. We list all of those updates on the page, and we actually put a little title topic area for each. Each edition in there so you can go in and search through and see, here's how we report wastage or here's an update on the Under-five vaccine so it we do try to make it an easy way for people to go in and look for past information that you probably heard but can't remember where to find it.

Then we have one more question that just came, in when will the interim provider guide be updated? The date on the website is updated not on the document. So, the interim clinical considerations are only updated on the website, so there is no document that's the interim clinical considerations, and it was updated on June 19, which was Sunday with the under five-year-old vaccine information, and my guess is it will be updated again probably today or tomorrow with the information on this vaccine for Moderna between 6- to 17-year-olds.

We have a couple minutes left. Please feel free to post any questions in the Q&A at the top. And if you were referring to when you're talking about the clinical considerations if you were referring to our provider guide. Our provider guide just got updated and so I know we were working on it until late in the afternoon yesterday, and it probably just made it through communications that got posted. So, it is most likely updated now and again it will most likely get updated in the next couple days because of this new information coming out about Moderna.

Nancy, thanks for that. I can confirm that it has been updated and it is updated as of yesterday and it's on the web right now. And then I just wanted to remind people that again we're recording this webinar. We'll post it on our website. We'll post all the links that we talked about. So, if you have people that didn't get to listen in today, please feel free to share that information with them. And with that, I think we'll thank you for joining us today, and if you do have questions that we didn't answer today or that come up as you're starting to give these vaccines, please feel free to email our inbox at [health.covid.vaccine@state.mn.us](mailto:health.covid.vaccine@state.mn.us). Thanks so much.



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