



COVID-19 Vaccines for 5-11 Year Olds

FAQ *(Updated 11-03-2021)*

Q: Which vaccine has been authorized for 5-11 year olds?

A pediatric version of the Pfizer COVID-19 vaccine has been authorized for youth ages 5 through 11.

Q: Is the pediatric version a two-dose series?

Yes. The pediatric vaccine should be given in a two-dose primary series, 3 weeks apart.

Q: What is the difference between the adult dose of Pfizer and the pediatric dose?

The pediatric dose is 1/3rd the dose for people age 12 and up. The dose for age 12 and up is 30 micrograms of vaccine. The pediatric dose is 10 micrograms.

Differences between Pfizer COVID-19 adult dose and pediatric dose		
	Ages 12 and up	Ages 5 to <12
Color of vial cap	Purple	Orange
Dose	30 micrograms	10 micrograms
Doses per vial after dilution	6	10

Q: Can the adult formulation be used to vaccinate children 5-12 years old?

No. Providers must use the pediatric formulation for children ages 5 through 11. The pediatric vaccine also comes with a pediatric ancillary kit.

Q: Where can children get vaccinated?

The initial state allocation of pediatric Pfizer vaccine began shipping to Oregon this week and will continue. In the next few weeks, pharmacies, federally qualified health centers, doctor’s offices, and special COVID-19 vaccine clinics will be prepared to vaccinate children. Call your provider or use the Get Vaccinated Oregon [Vaccine locator map](#) to find a provider near you that has pediatric doses of Pfizer available. You can also call 211.

Q: Can pharmacies vaccinate children under age 12?

The state Public Health Director issued an order that permits Oregon pharmacists to administer COVID-19 vaccines and flu vaccines, to children down to age 3. (The COVID-19 vaccine is currently authorized for children 5 and older). Pharmacies that accept Oregon Health Plan (OHP) patients will be reimbursed to vaccinate children down to age 3 for flu and down to age 5 for COVID-19.

Q: What are the recorded side effects?

Recorded side effects are the same as for adolescents and adults: generally injection site pain, tiredness, headache, and muscle pain. Rare side effects such as myocarditis were not seen in the trials leading to authorization, and are expected to be rare, as they are in older age groups.

Q: How does it compare to the flu shot in terms of efficacy?

Both vaccines are highly effective at protecting children from illness. The COVID-19 vaccine generated strong antibody responses and was found to be 90.7% effective in preventing COVID-19 in children ages 5 through 11. The flu vaccine changes each year to adjust for the anticipated circulating flu viruses. Its effectiveness is estimated at 40% to 60% among the general population. According to the [CDC](#), a 2014 study showed the flu vaccine reduced children's risk of flu-related intensive care unit admission by 74% based on 2010-2012 data. A 2017 study in the journal of Pediatrics showed flu vaccination reduced the risk of flu-related death by 51% among children with underlying, higher risk medical conditions and by nearly two-thirds (65 percent) among healthy children.

Q: How does the COVID-19 vaccine affect kids with preexisting conditions?

Providers are encouraged to evaluate the specific medical case scenarios for children with preexisting conditions including prior history of myocarditis or multisystem inflammatory syndrome MIS-C. CDC clinical considerations regarding the use of vaccination in these groups can be found [here](#).

Q: Are there long-term side effects from vaccination?

Data from vaccination of adolescents have not demonstrated a significant risk of long-term side effects. Virtually all side effects from vaccines occur within a few days and at most six weeks following vaccination. No children with myocarditis after vaccination have died from this rare side effect.

Q: What does it mean to be emergency authorized as opposed to FDA approved?

Emergency authorization is a process by which the FDA can make countermeasures or other therapies available faster compared to the regular process for the purpose of responding to a public health emergency. This mechanism has been in use since 2001 with the authorization of the Anthrax vaccine.

Q: Why should I risk vaccination for my child if incidence of COVID-19 in children is so low?

COVID-19 has become one of the top ten leading causes of death in children. Vaccination protects kids against serious illness, hospitalization and death from COVID-19. In the U.S. as of October 17, 2021, 1.9 million COVID-19 cases, 8,300 associated hospitalizations, 2,316 cases of Multisystem Inflammatory Syndrome in Children (MIS-C), and 94 COVID-19-associated deaths have been reported in children 5 through 11 years of age. In Oregon through October 31, 2021, 26,370 COVID-19 cases, 240 hospitalizations, and 2 deaths have been reported

Q: How many children 5-11 were involved in the trials?

The CDC reports the Pfizer pediatric COVID-19 vaccine's safety was studied in approximately 3,100 children age 5 through 11, and no serious vaccine-related side effects have been detected in the ongoing study. To date in the U.S., about 57% of youth ages 12-15 and 64% of those ages 16-17 have been vaccinated with the adult version of the Pfizer COVID-19 vaccine.

Q: What is the risk of vaccine associated myocarditis in 5-11 year olds?

The risk of vaccine associated myocarditis in this age group is thought to be lower than the risk noted in the older age groups. The group at highest risk of vaccine-associated myocarditis has been from the 2nd dose in males 16-17 years old, where it has been about 1 case out of every 14,500 people. The risk has been lower in males of other ages, and much lower in females. The risk of getting myocarditis from COVID-19 infection has been much higher.

Q: Should my child get vaccinated if they've already had COVID-19?

Yes. Natural immunity provides some but not complete protection, and there continues to be continued spread of COVID-19 in this age group despite the larger number of children with prior infection; a COVID-19 vaccination provides additional proven protection.

Q: Can my child get a flu vaccination and COVID vaccination at the same time?

Yes. Vaccination against both is important, and giving vaccines together has generally not resulted in more side effects or less immunity.

Q: Are there long-term impacts of kids getting the vaccine? Will vaccines alter DNA or affect reproductive organs?

The vaccines do not affect DNA. Data on COVID-19 vaccination of many women, including pregnant women, have not shown an effect on fertility or on the likelihood of miscarriage.

Q: Will the pediatric vaccine be readily available?

Oregon is expected to have enough vaccine to immunize the state's 5 through 11 year olds. The pediatric vaccine will arrive in batches, with the first arriving Nov. 1 to federally qualified health centers, local public health authorities and pharmacies. We are managing the allocations we receive from the federal government to ensure providers receive the quantity needed to provide first and second doses to their patients.

Q: Will schools be requiring students to be vaccinated/have an exception against COVID-19? How about when it becomes fully authorized?

Requiring a COVID-19 vaccine for students is a local school district decision, distinct from what OHA may require or recommend statewide.

Q: Will pediatricians have the vaccine?

Yes, we're actively engaged with pediatricians and many, if not most, will have vaccine available, likely beginning the week of Nov. 8.

Q: Will pharmacies be able to provide vaccinations to this age group?

Pharmacies are now able to inoculate children age 3 and older for the flu vaccine and age 5 and older for the COVID-19 vaccine. The Get Vaccinated Oregon (GVO) [Vaccine Locator](#) map includes pharmacies that have the pediatric dose of the vaccine (the adult dose for those age 12 and up cannot be used for children under age 12). You will be able to search for the pediatric Pfizer vaccine in the filters pane on the GVO in the 'Vaccine Types' section.

Q: Do we know if boosters will be needed for 5 through 11 year olds?

Not at this time. The CDC will continue to review data as they become available.

Q: Does a parent/guardian need to be present or could another adult (say an 18 year old sibling or grandparent) accompany the minor?

In Oregon, children above the age of 15 are allowed to give consent for medical services. Children below this age will require the consent of a parent or guardian.

Q: Will changes be made to Ready Schools, Safe Learners?

Updates will be made to the RSSL Resiliency Framework as OHA implements new guidance and supports. This is ongoing work and is the case with all changes that affect students and staff.

Q: Can I put my child in a "vaccinated" classroom?

This option will not likely be available to parents and students.

Q: What if my child will turn 12 years old between his first and second doses?

In this case, either the pediatric vaccine or the adult formulation may be given for both doses.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the COVID-19 Communications Unit at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us.