

The Kid Angle

Kid-focused news from First Focus on Children

The clock is ticking

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Dear Friends,

By early next week, the FDA expects to have a [COVID-19 vaccine for children 12+](#).

What we *don't* have?

A national plan for distributing that vaccine.



Confusion, access, inequity, fear — all of these factors hampered distribution of the adult vaccine, and today we have just [one-third of the population fully vaccinated](#) and a [large remainder hesitant](#). Vaccinating children features even more complications, including the [misperception that COVID-19 doesn't affect them](#).

First Focus on Children has been urging the Biden Administration since last month to [be ready to distribute a children's vaccine by creating a national plan tailored to their specific needs](#).

There's been no direct response, but the Administration's path seems clear: "As it relates to kids, there is a well-established route of vaccinations through the pediatrician's office," [White House senior COVID-19 adviser Andy Slavitt told reporters](#). "That's important both for teens and younger kids, because it's an important point of trust for parents and teens."

This is true. Pediatricians are an important point of trust. And they should absolutely be on the forefront of distribution. But here are the problems with a plan that **only** designates distribution through pediatricians:

- **Problem 1:** The kid vaccine will come from Pfizer and [optimally should be stored](#) at minus 70 degrees Celsius — which is [colder than winter in Antarctica](#). This will present a challenge for the average pediatrician's office.
- **Problem 2:** Children of color — who have been disproportionately affected by the pandemic and its social, emotional and economic fallout — often do not have a medical “home,” meaning a primary pediatrician.
- **Problem 3:** Hesitancy. Just [three-in-10 parents say they'll get their 12-15 year old vaccinated as soon as the shot is available](#), according to the Kaiser Family Foundation. Another 18% say they'll only vaccinate if their child's school requires it, and nearly one-quarter say they definitely will not vaccinate their child.

Here are some solutions:

- **Find the missing children:** Make vaccines available at child care facilities, schools, community health centers, recreation centers, youth sports venues and other places where children spend their time. The Administration [outlined a plan this week](#) to vaccinate the “hardest-to-reach individuals” using pop-up sites, mobile clinics and other efforts. Surely, we can apply this lesson-learned to children?
- **Message the masses:** Analysts have figured out how to [change peoples' minds](#) about getting vaccinated. Let's use that information to convince parents to vaccinate their kids. We need messaging from doctors and nurses; priests, imams and rabbis; school teachers, principals and anyone else trusted by parents, grandparents and caregivers.
- **Make it easy:** The president's plan also devotes [tens of millions of dollars to provide services such as transportation](#) to help folks get their jabs. Let's remember that kids can't drive, so they can't just take themselves to get their shots. We also need to target immigrant communities, including translation of materials into the top 15 non-English languages spoken in each state.

Final thought:

Children represent one-quarter of the U.S. population. We cannot reach — or even come close to — herd immunity without them. Vaccinating kids is for them, for their families, for teachers, for the economy, for the country.



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