

## Marin County COVID-19 Pediatric Vaccine Update





April 25, 2022

### **Marin County Daily COVID-19 Cases**

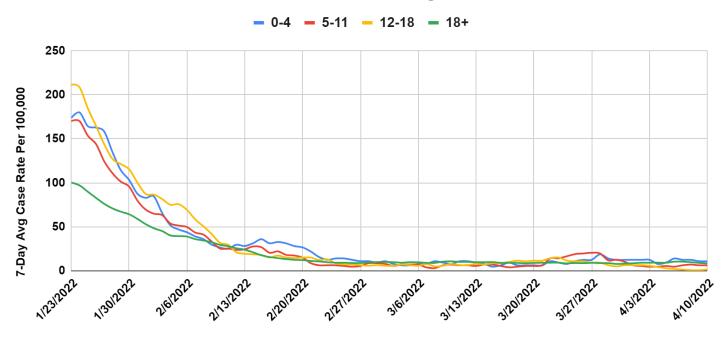
Daily New Confirmed Cases Case Type Color Legend: Filter by Case Type: Reinfection ✓ Antigen Detected Only (No PCR Test) ✓ PCR Confirmed Antigen Detected Only (No PCR Test) PCR Confirmed ✓ Reinfection 800 600 New Cases BA.2: > 97% 200 0 Feb 21, 22 Mar 8, 22 Apr 22, 22 Dec 8, 21 Dec 23, 21 Jan 7, 22 Jan 22, 22 Feb 6, 22 Mar 23, 22 Apr 7, 22 Test Date





#### Case Rate per 100,000 Residents (Age Group)

PCR Positives + Antigen



Test Date (1/23 - 4/10)

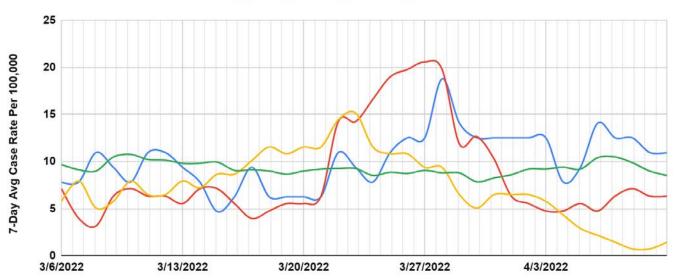




#### Case Rate per 100,000 Residents (Age Group)

PCR Positives + Antigen

- 0-4 - 5-11 - 12-18 - 18+



Test Date (3/6 - 4/10)





### **CDC COVID-19 Community Level**



#### **COVID-19 County Check**

Low

In Marin County, California, community level is Low.

Level of Community Transmission



## Weekly Metrics Used to Determine the COVID-19 Community Level

Case Rate per 100,000 population	154.16
New COVID-19 admissions per 100,000 population	3.7
% Staffed inpatient beds in use by patients with confirmed COVID-19	2.5%

	Low	Moderate	Substanti	Į.	High
New cases per 100,000 persons in the past 7 days	<10	10-49.99	50-99.9	9	≥100
Percentage of positive NAATs tests during the past 7 days	<5%	5-7.99%	8-9.99%		≥10.0%

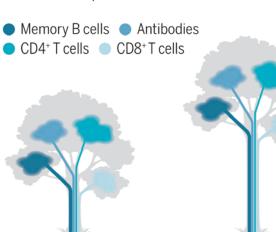




#### **Hybrid vigor immunity with COVID-19 vaccines**

Vaccine immunity

Hybrid vigor can occur when different plant lines are bred together and the hybrid is a much stronger plant. Something similar happens when natural immunity is combined with vaccine-generated immunity, resulting in 25 to 100 times higher antibody responses, driven by memory B cells and CD4+T cells and broader cross-protection from variants.

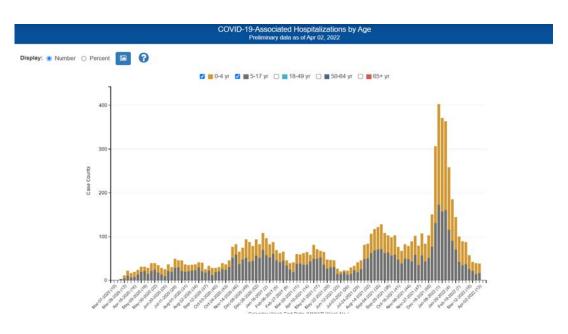


**Natural immunity** 









## COVID-19 Vaccine – 6 months to 4 years old

- COVID-19 can cause severe illness in infants and children aged 0–4 years
- During Omicron surge, U.S. infants and children aged 0–4 years were hospitalized at five times the rate of the previous peak (Delta)

Figure. Comparison of Risks of Clinical Outcomes of SARS-CoV-2 Infection in Children Younger Than 5 Years

A Omicron vs Delta cohorts

Outcome	Matched Omicron cohort, No. (%)	Matched Delta cohort, No. (%)	HR (95% CI)	Lower risk Higher risk for Omicron
ED visits	4637 (20.36)	5602 (24.60)	0.84 (0.80-0.87)	•
Hospitalizations	401 (1.76)	741 (3.25)	0.66 (0.58-0.74)	-
ICU admissions	38 (0.17)	115 (0.51)	0.35 (0.25-0.51)	-
Mechanical ventilation	10 (0.04)	51 (0.22)	0.15 (0.07-0.33)	-
				0 0.5 1.0 1.5 2.0 HR (95% CI)





### **COVID-19 Pediatric Vaccine Updates**

- Feb.11, 2022 <u>Pfizer</u>:
  - Studying **3 µg three-dose primary series** for 6 months to 4 years old (next update expected early May)
- Mar. 23, 2022 <u>Moderna</u>
  - 6 months under 6 years old: **25 μg two-dose primary series** of mRNA-1273
  - 6 to under 12 years: Initiated the submission process with the U.S. FDA for an EUA of a 50 μg two-dose primary series of mRNA-1273
  - Evaluating boosters for all pediatric populations





## CDPH Statement on Timeline for COVID-19 Vaccine Requirements in Schools

- FDA has not fully approved COVID-19 vaccines for individuals of all ages within the 7–12 grade span.
- Full approval is a precondition to initiate the rulemaking process to add the COVID-19 as required for in-person school attendance
- California will not initiate the regulatory process for a COVID-19 vaccine requirement for the 2022-2023 school year
- Any vaccine requirements would take effect no sooner than July 1, 2023.





# CDPH Statement on Timeline for COVID-19 Vaccine Requirements in Schools

Upon full approval by the FDA, CDPH will consider the recommendations of the Advisory Committee on Immunization Practices (ACIP) of the United States Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) prior to implementing a school vaccine requirement.





#### **Benefits of Pediatric COVID-19 Vaccination**

- Reduce risk of COVID-19 infection
- Early evidence that vaccine may reduce risk of long COVID
- Decrease community COVID-19 transmission
- Reduces probability of emergence of new variants
- Decrease disruptions to school / social activities
- Decrease risk of exposing persons at higher risk for severe COVID-19 outcomes (e.g., grandparents)





