

# Guest column: Getting COVID shots in all kids begins with understanding community barriers

*Suma Manjunath, MD, FAAP - Guest Column*

Anxious parents in Texas and across the country breathed easier when the Centers for Disease Control and Prevention authorized the Pfizer-BioNTech reduced-dose COVID-19 vaccine for children ages 5-11. This authorization comes at a time when more than 7,700 children in Texas up through the age of 19 have contracted the virus since the start of the pandemic, and more than 100 have died, according to the Texas Department of State Health Services.

The Centers for Disease Control and Prevention reports about 640 deaths of children up to the age of 18 across the country. And the American Academy of Pediatrics says nearly 6.6 million children have tested positive since the start of the pandemic.

The emergence of the Omicron variant and the surge of the Delta variant are raising additional concerns among parents and public health experts, and demonstrate the need for vaccinations and boosters for everyone eligible to receive the vaccines.

As a practicing pediatrician and a member of The Immunization Partnership Health Equity Council for Immunizations, I am concerned about the disproportionately higher COVID-19 infection and hospitalization rates among children of color. A Kaiser Family Foundation analysis released in September showed these higher rates create racial disparities when it comes to vaccinations.

We have many forms of health disparities, including inadequate access to health care. The Texas Department of State Health Services is working to improve vaccine access by providing 1.3 million doses of the pediatric vaccine for the 2.9 million eligible children, with other providers making up the difference. The agency says Texas children can get their vaccines at pediatrician offices, county health departments, pharmacies, and in school districts.

That helps with access, but we still have distrust and lack of information driving hesitancy in our communities of color. I try to address these concerns with my parents who remain unsure. I hope our ongoing conversations about the health of their children have established a trust level that will result in their children receiving the vaccine.

Scary numbers about children getting sick or dying from the disease are not as effective as the trust established through one-on-one visits between parent and physician. When we form that trust, parents are more likely to accept information about the safety and effectiveness of the vaccine.

As pediatricians, we should be aware of the cultural, political, or religious influences behind the hesitancy with our parents, not only in our communities of

color, but also in all our communities. The COVID-19 virus does not respect culture, language, politics, or religion. It is up to healthcare providers and public health workers to discover the most effective ways to remove these community hesitations, particularly among parents concerned with the safety of their kids.

The ability to protect Texans as young as five is a major step toward ending the pandemic. It requires, however, a partnership between pediatrician and parent, one that begins with open and honest discussions about concerns, anxieties, and what is in the best interest for the health and well-being of the children who rely on us—informed and caring adults—to do what is right for them.

Even though children are less likely to develop severe illness from COVID-19, they are still at risk. Families deserve the chance to get back to an active life without constant worries. The vaccine is their best shot.

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