

**AAP Headquarters**

345 Park Blvd  
Itasca, IL 60143  
Phone: 630/626-6000  
Fax: 847/434-8000  
www.aap.org

**Reply to****AAP Washington Office**

601 13th St NW, Suite 400N  
Washington, DC 20005  
Phone: 202/347-8600  
E-mail: kids1st@aap.org

**Executive Committee****President**

Lee Savio Beers, MD, FAAP

**President-Elect**

Moira A. Szilagyi, MD, FAAP

**Immediate Past President**

Sara H. Goza, MD, FAAP

**Secretary/Treasurer**

Warren M. Seigel, MD, FAAP

**CEO/Executive Vice President**

Mark Del Monte, JD

**Board of Directors****District I**

Wendy S. Davis, MD, FAAP

**District II**

Warren M. Seigel, MD, FAAP

**District III**

Margaret C. Fisher, MD, FAAP

**District IV**

Michelle D. Fiscus, MD, FAAP

**District V**

Jeannette "Lia" Gaggino, MD, FAAP

**District VI**

Dennis M. Cooley, MD, FAAP

**District VII**

Gary W. Floyd, MD, FAAP

**District VIII**

Martha C. Middlemist, MD, FAAP

**District IX**

Yasuko Fukuda, MD, FAAP

**District X**

Madeline M. Joseph, MD, FAAP

**At Large**

Charles G. Macias, MD, FAAP

**At Large**

Constance S. Houck, MD, FAAP

**At Large**

Joseph L. Wright, MD, FAAP

October 1, 2021

Jeffrey Zients

Coordinator, White House COVID-19 Response Team

The White House

1600 Pennsylvania Avenue, NW

Washington, DC 20500

Bechara Choucair, MD

Vaccines Coordinator, White House COVID-19 Response Team

The White House

1600 Pennsylvania Avenue, NW

Washington, DC 20500

The Honorable Xavier Becerra

Secretary, U.S. Department of Health and Human Services

200 Independence Avenue, SW

Washington, DC 20201

Dear Mr. Zients, Dr. Choucair, and Secretary Becerra:

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of 67,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, I write to address preparations to efficiently and equitably roll out COVID-19 vaccines to children ages 5 to 11. The Academy truly appreciates the work this Administration has done to promote vaccines for all ages, including adolescents 12 and older, as well as the president's recent six-point COVID-19 action plan to establish a path out of the pandemic.

Vaccines are at the heart of pediatric medicine. Pediatricians are dedicated to safely vaccinating as many Americans as possible and are grateful that adolescents ages 12 and up have had a COVID-19 vaccine available to them since May. But with the rapid spread of the highly transmissible Delta variant, compounded by relaxed mitigation measures in certain parts of the country and the widespread return to in-person learning this fall, it is now so important that we have a vaccine widely available to younger children.

Given the recent announcement from Pfizer-BioNTech about the safety and efficacy of its COVID-19 vaccine in clinical trials for children ages 5 to 11, along with statements from the Food and Drug Administration (FDA) about its anticipated quick regulatory review once that data is submitted, we anticipate that a vaccine may be available for younger children in the very near future. As such, it is critically important that we have a national plan to distribute the vaccine to younger children in an efficient and equitable way.

As we prepare for the FDA to potentially issue an emergency use authorization for the Pfizer-BioNTech vaccine for children age 5-11, we are eager to better understand the administration's plan for distributing the vaccine to pediatricians' offices and other sites that may play a role in vaccinating this age group. We stand ready to partner with the administration to vaccinate as many of these children as possible.

We respectfully suggest the U.S. Department of Health and Human Services and the White House COVID-19 Response Team consider the following principles as you prepare for the roll-out of the COVID-19 vaccine for this younger population:

- **Pediatricians' offices will be essential sites for the distribution of the COVID-19 vaccine for younger children.** Decades of experience show that a pediatric medical home is the best place for children to receive vaccines, where children and their caregivers can have their questions and concerns addressed by a trusted physician. This will be particularly important with younger children as the parents and caregivers of these children will likely have more questions to discuss compared to older children. As such, it is imperative that pediatric offices are made a priority for distributing the COVID-19 vaccine for younger children and that the distribution plan is clearly communicated in advance so that offices are aware of how to access the vaccine and can plan accordingly. In addition, with the ability to co-administer COVID-19 and other vaccines, distributing COVID-19 vaccine to pediatric offices will greatly enhance the efforts to vaccinate children against both COVID-19 and the flu, as well as catch children up on routine vaccines they may have missed during the pandemic.
- **The administration should work with state and local public health jurisdictions to increase the number of pediatricians signed up to offer COVID-19 vaccines, including by leveraging the Vaccines for Children (VFC) program and mitigating any barriers pediatricians are facing.** While our data show that the vast majority of pediatricians are signed up to provide COVID-19 vaccines, making the availability of these vaccines near universal in pediatric practices is important. Pediatricians, particularly participating VFC physicians who have registered to administer COVID-19 vaccines but have yet to receive any doses in their practices, should be made a top priority for distribution. The administration should encourage states and jurisdictions to help facilitate and prioritize COVID-19 vaccination in these settings so that they can be part of the distribution and vaccination plan for children ages 5-11 as quickly as possible.
- **Vaccine package size must be tailored to work for child-friendly sites and providers.** Pediatric practices, school-based vaccine clinics, and other sites that have experience administering routine childhood vaccines to children ages 5-11 are best positioned to reach children and families. To best position these sites to administer COVID-19 vaccines to younger children, the logistics of vaccine acquisition and storage must be adapted to work for these sites. For example, a vaccine package size that supports mass vaccination sites is not feasible for a general pediatric practice because of storage and patient demand limitations. Similarly, fewer doses per vial or single-dose vials would best allow pediatric practices to administer COVID-19 vaccines without wasting unused doses.
- **Clear communication about vaccine allocation and ordering procedures will be essential.** If the allocation and/or ordering of COVID-19 vaccine for children ages 5-11 to the states and then to vaccination sites will be different than existing processes and procedures, these changes should be communicated to physicians who administer COVID-19 vaccine as soon as possible. Pediatricians who have not previously administered COVID-19 vaccine, or who have only administered it to a small percentage of their patient panel may be providing it to a larger group of children in this new 5-11 age group. These and all pediatric practices need to learn more about distribution and any ordering processes so that they can prepare to administer the vaccine to this population.
- **Equitable access to the vaccine for all eligible children must be centerpiece of the efforts.** There must be continued focus on equitable access to a COVID-19 vaccine for younger children, including an emphasis on children in under-resourced and historically marginalized communities, as well as children and youth with special health care needs. Black and Latinx children have comprised the majority of cases, accounting for just under two-thirds of child deaths from COVID-19.<sup>1</sup> It is important

to promote racial health equity and access to COVID-19 vaccine by enhancing communication efforts and outreach promoting the COVID-19 vaccine to underserved communities, including through partnerships with community-based organizations and local health facilities. In addition, there needs to be a priority placed on ensuring vaccination sites are accessible to children in lower resourced communities and in neighborhoods and areas most affected by the pandemic.

- **Non-pediatric delivery sites will require pediatric training.** If the administration plans on utilizing mass vaccination sites or pharmacies to administer COVID-19 vaccines to 5- to 11-year-olds, special training and guidance on vaccine administration for children must be provided to these non-traditional vaccine sites for children. While COVID-19 vaccines have a strong safety profile and severe adverse reactions are extremely rare, this training needs to include such topics as having appropriate pediatric doses for emergency medications ready in case of anaphylaxis, collecting proper parent/guardian consent forms, and plans for 15-30 minute observation periods staffed with appropriate medical personnel. In addition, there should also be some consideration for guidance on accommodating families with multiple children, such as providing diaper changing stations and places to breastfeed, ensuring proper bathroom accommodations, and other measures that will make it easier for families with young children to get a vaccine for their 5- to 11-year-olds.
- **School-based vaccination clinics can also play an important role in administering COVID-19 vaccines to the 5-11 population.** The federal government can help these efforts by ensuring training materials and updated guidance are available for school staff, vaccinators, and others involved in implementing school-based vaccine clinics. In order to ensure that a child's medical home receives information about COVID-19 vaccines administered at mass vaccination sites, pharmacies and schools, there also needs to be guidance on how to comply with COVID-19 vaccine reporting requirements, including uploading COVID-19 vaccines administered into immunization information systems.
- **Payment for vaccine counseling that does not result in administration is seriously needed.** For some families, deciding to receive a COVID-19 vaccine will require considerable counseling to fully address their questions and concerns. In some cases, pediatricians will ultimately administer the vaccine in that visit not just to the child but also their parent or grandparent. In others, families may choose to receive the vaccine at a later time or at another site. In those instances, the pediatrician's time spent counseling is not compensated. In order to remove barriers for practices to administer COVID-19 vaccines and promote widespread uptake of COVID-19 vaccines, the federal government should ensure that pediatricians can be adequately paid for counseling patients about COVID-19 vaccines, even if the vaccine is not administered during that visit. In addition, the leadership of the federal government is essential to ensure that pediatricians are adequately paid by private insurers and state Medicaid programs for the costs of administering COVID-19 vaccines.

Thank you again for the administration's efforts to promote COVID-19 vaccinations and to curb the COVID-19 pandemic. We look forward to continuing our discussions and collaboration with you, especially as we prepare to administer COVID-19 vaccine for children 11 and under.

Sincerely,



Lee Savio Beers, MD, FAAP  
President

LSB/pmj

cc. Dr. Rachel Levine, Assistant Secretary for Health, Department of Health and Human Services  
Dr. Rochelle Walensky, Director, Centers for Disease Control and Prevention  
Chiquita Brooks-LaSure, Administrator, Centers for Medicare and Medicaid Services

---

<sup>1</sup> Centers for Disease Control and Prevention. Provisional COVID-19 Deaths: Focus on Ages 0-18 Years. National Center for Health Statistics, September 29, 2021. <https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-Focus-on-Ages-0-18-Yea/nr4s-juj3>