

Massachusetts Chapter

OF THE AMERICAN ACADEMY OF PEDIATRICS

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Dear Chairs of the Joint Oversight Hearing on Children's COVID-19 Vaccinations and Testing,

Thank you for inviting me to provide comments about the important issue of how COVID-19 has affected children in the Commonwealth and how we can all continue to work together to improve their health and well-being. As the President of the Massachusetts Chapter of the American Academy Pediatrics, a primary care pediatrician, and a father, I want to express my gratitude to the Department of Public Health and the Department of Education for their ongoing efforts to manage the pandemic in the best possible way. As I speak with colleagues across the country, I realize how fortunate we are that despite some of the horrors and tragedies that we have seen over the past 18 months related to COVID-19, we are in a better place than much of the country. We have done many things right, but of course there are areas where we still need to do better.

As I and others have said many times before, we know that the direct impact of this virus on children is far different and much less severe than for adults; however, there remain some children who do suffer severe consequences from this virus. While most children have a very mild or completely asymptomatic course there is a small number whose illness has resulted in severe disease and hospitalizations. It has become clear that immunizing all of those around young children who are not yet eligible for vaccination has had a profound effect on keeping the level of severe disease in children low.

This is likely why we have not seen the rise in pediatric hospitalizations in this state with the onset of the Delta variant that has been seen in some other parts of the country. While we are all anxiously anticipating a day in what seems like the very near future where children between the ages of 5 and 11 will be eligible for vaccination, we need to continue efforts to vaccinate those around the children as that will keep them safe and reduce the burden of the disease in our communities.

Unfortunately, what pediatricians have seen far too frequently are the indirect negative impacts of this pandemic. The mental health crisis among our youth continues to worsen with pediatric primary care providers' offices, pediatric hospitals, and emergency departments filled with children presenting with mental health concerns. Obesity has also risen at a faster rate than we had previously seen which is likely to result in significant long-term health consequences. The health and educational disparities based on race and economic status have widened over the past year and a half. We have seen the impact that a lack of in-person learning has caused for our children.

Fortunately, with the return to full-time in person learning this fall we have already seen how so many children and adolescents are improving in all these areas of health, well-being and learning where they struggled in the past year. I ask that our elected and appointed governmental leaders continued to prioritize in-person learning and avoid a return to remote-only learning as we know that this method is not ideal for many.

Teachers, school nurses, parents and other educational staff and administration are overwhelmed though and need ongoing resources to address both the mental health and educational challenges that have been brought on by the pandemic. I appreciate that additional funding has been made available to school districts to start to tackle these issues and I hope that continued support for expanded in-school mental health services will continue. While most children seem to be thriving with this return to in-person learning, there are some for whom it is a struggle. Some children who remained isolated from their peers and from the structured environment that school provides for over a year, need extra attention and support for their reintegration into the typical school environment to be successful. We need to recognize that for some of these children they remain fearful that school is not the safe place that we know it is and they will need help to face these fears. School needs to be a trusted and safe place for all of our children and our educators need all of our support while they manage both the expected and unexpected challenges that they are facing this year.

Easy and free access to testing whenever and wherever needed is another element necessary for ensuring the continued safe operation of full-time in-person learning. Last year an enormous number of school days were lost when asymptomatic close contacts were sent home to quarantine. With the introduction of the Test and Stay program this year we can keep these children, who are at low risk for transmitting to others, in school while quickly identifying them at the time that they are most likely to be infectious. I encourage the Department of Public Health and the Department of Education to continue to support this program in all districts as long as it is deemed necessary. I am grateful for the additional resources that were recently announced to help in these efforts; however, more is needed, as I know many districts have not had adequate staff to manage the program so far this year.

For the children who demonstrate symptoms, the rapid antigen in-school testing is not currently deemed acceptable to rule out COVID-19 infection and keep that child in school. I will leave recommendations of if and when it is appropriate to use this type of testing in this scenario to our infectious disease and epidemiology experts. However, we know that school age children typically contract common cold and other mild respiratory illnesses multiple times throughout the school year. We have already seen that this fall and would expect that to continue through the winter. Most children displaying symptoms that could be COVID-19 will not have COVID-19. However, at this point we are still requiring that they test negative or quarantine before returning to school. In order to minimize the disruption to that child's education, families need to be able to obtain a PCR test quickly and conveniently. Last year there were multiple options and many large testing facilities. This is currently not the case in all parts of our state. Easy access to appropriate testing varies widely. If we want to get the mildly symptomatic child back into school and reduce missed workdays for their parents, we need to widely disseminate information to all schools and all parents on where testing can occur as soon as possible after symptoms develop.

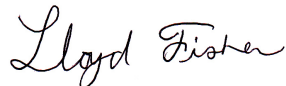
Next week the FDA will be discussing the issuing of an emergency use authorization for one of the vaccines in children ages 5 to 11. This is a much-anticipated event for all of us. Many of the families with whom I speak will be running to get this vaccine for their children as soon as it is available. However, as we've seen in the adolescent population, there are some families who are hesitant and have concerns. While there is a small percentage who are unlikely to accept vaccination for their child anytime in the near future despite any efforts that we can make, due to either deeply held beliefs or misperceptions, a larger portion simply want reassurance from a trusted healthcare provider that the vaccine is both safe and effective. When I have one-on-one conversations with parents in my office, nearly all of them express the intent to have their child vaccinated against COVID-19. Our organization will continue to work with other specialty societies and the Mass Medical Society to stress the importance to our members of having those individual conversations with patients and their families. However, it is simply not practical for everyone to have a direct conversation with their healthcare provider in the immediate future. I feel it is critical to have clear, consistent, and frequent messaging utilizing all media that is available. There's been so much confusion over the existing messaging on breakthrough infections, what the vaccine truly does in reducing risk, and the minimal potential risk for adverse events from the vaccine. While those of us who are living and breathing all things COVID and reading everything about the virus and the vaccine on a daily basis understand the nuances, the parent who is struggling to manage balancing the demands of their job and their family during a time when so many new challenges have arisen, cannot possibly be expected to digest and interpret complex messaging. They are not reading the latest issue of the New England Journal of Medicine or the MMWR. They are simply getting their information and making their decisions based on the confusing and often misleading soundbites or headlines posted on social media.

I call on all of our state government leaders to utilize every available resource in a coordinated campaign to present that clear message. As has been said by many experts, we are at the point in this pandemic where every individual has two choices - they can either get a vaccine or at some point become infected with the virus itself. An individual as we know may also become infected after vaccination; however, the likelihood of severe disease or even symptomatic disease after vaccination is dramatically reduced. The data is clear regardless of your age and medical history and even if you or your child are at a very low risk for severe disease from infection with this virus, the risk of severe adverse effects from vaccination is still far lower than complications from the virus itself. I choose vaccination for myself and all members of my family including my three children – the youngest of whom is eight years of age. We need to make the messaging so simple, so clear, and so widespread that every individual and parent will want to make the same choice. Our organization is happy to work with all governmental agencies to help with that messaging.

Finally, I implore our elected and appointed leaders who are in a position to implement policy to consider the goal of each policy decision. I feel it is this lack of clarity of goal which has made past efforts confusing and hard to understand for many. We know that this virus is unlikely to be eradicated any time in the foreseeable future and we need to determine how to return to a sense of normalcy while living with this virus. Policies aimed at “zero-COVID” are unrealistic, unattainable, and unlikely to be followed. We need any regulations especially mandates to address a specific goal and make sure that goal is clearly communicated. Otherwise, we risk poor compliance and can undermine other essential public health efforts.

Thank you for your time.

Respectfully submitted,
Lloyd Fisher, MD, FAAP

A handwritten signature in cursive script that reads "Lloyd Fisher".

President, Massachusetts Chapter of the American Academy of Pediatrics