Prioritizing Parents of Children with Medical Complexity for SARS-CoV-2 Vaccination

April 7, 2021

In a Pediatrics Perspectives article being early released this month, Drs. Nancy A. Murphy and Natalie Darro argue that parents and family caregivers of children with medical complexity are frontline healthcare personnel and should receive equal priority for the SARS-CoV-2 vaccine (10.1542/peds.2021-050160).

Armand H. Matheny Antommaria, MD, PhD, FAAP, Associate Editor, Pediatrics

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In a Pediatrics Perspectives article being early released this month, Drs. Nancy A. Murphy and Natalie Darro argue that parents and family caregivers of children with medical complexity are frontline healthcare personnel and should receive equal priority for the SARS-CoV-2 vaccine (10.1542/peds.2021-050160). Authors note that these parents manage life-sustaining technologies, administer medications, and provide care, and some states employ parents of children with medical complexity as certified nursing assistants.

Additional arguments for vaccinating parents include protecting their children against COVID-19. The minimum age for vaccination under the current emergency use authorizations is 16 years of age and many children will remain ineligible even if their medical conditions were prioritized. Authors note the difficulties surrounding quarantining children with medical complexity who have been exposed and the duty to reciprocate parents’ commitment to their children. One might also note children with medical complexity’s disproportionate utilization of healthcare resources when ill and the potential need to admit children if their parents become too ill to care for them at home.

There are, however, some differences between parents and other healthcare personnel. They are, for example, at substantially less risk of acquiring or transmitting infection to others than hospital staff. Hospital staff generally interact with multiple patients and their families in a shift increasing their risk of exposure and transmission whereas parents only interact with their own children. If they have two or more children with medical complexity, these children are generally exposed to one another. Their limited increased risk of exposure comes from contact with home healthcare workers.
Even if you do not agree with Murphy and Darro that parents of children with medical complexity should be included in the highest priority group, I hope you will work to identify ways to advocate for the vaccination of these children and their parents and family caregivers – especially as the vaccine supply increases and the minimum age of administration decreases.

- Costs and Use for Children With Medical Complexity in a Care Management Program
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