



Town hall experts emphasize importance of basics in fighting COVID-19: vaccines, masks

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The importance of continued masking to keep children in school, the ongoing challenges of MIS-C and long COVID were among the topics discussed at an AAP [town hall](#) Feb. 17.

Panelists included James D. Campbell, M.D., M.S., FAAP, a member of the AAP Committee on Infectious Diseases (COID); Sean O’Leary, M.D., FAAP, vice chair of the AAP Committee on Infectious Diseases; and Ruth Lynfield, M.D., FAAP, state epidemiologist and medical director of the Minnesota Department of Health, and associate editor of the AAP *Red Book*.

Maintaining masking

Although mask mandates are being lifted in some areas of the country, the experts cautioned against abandoning this precaution too early if the goal is to keep children in school.

“There are a lot of decisions being made across the country around masks, (but) we still have a lot of infections out there,” said Dr. O’Leary. “The fact is, we know masks work. They are one of our most important mitigation measures.”

While the hope is that omicron was the “big wave” and the country will move to endemicity, “we could just as easily have another variant that comes along that is even more contagious ...” said Dr. O’Leary.

Masks are simple to use, and generally adults mind wearing them more than kids do, added Dr. Campbell.

“When I’m in the hospital and wearing a mask all the time, I’m not going to put myself at risk when it’s unnecessary, when there’s a simple way at reducing that risk. I think affording children that same simple way is important,” he said. “So I’m very pro-simple, cheap, easy, effective methods to prevent infection.”

Keeping kids in school is No. 1,” added Dr. O’Leary. “ ... If society moves forward, and we start to treat this more as an endemic disease — and treat COVID like other communicable diseases in schools — then, yes, perhaps it’s time to take masks off. But until that happens, we have to continue to prioritize having the kids in schools.”

MIS-C, long COVID

Just over 6,800 cases of multisystem inflammatory syndrome in children (MIS-C) have been diagnosed in children, according to the latest (Jan. 31) data from the Centers for Disease Control and Prevention (CDC), compared to over 12 million COVID cases in children, said Dr. Lynfield.

“I just want to remind people that it is a very rare occurrence but does happen. It’s another good reason to get vaccinated: You can prevent an infection with COVID, and you can prevent MIS-C from happening,” she said.

The issues surrounding long COVID continue to be vexing. The studies are so far not ideal and frequently don’t include a control group, she said. In addition, many of the symptoms of long COVID “are symptoms that we’re actually seeing in kids who don’t have COVID but are experiencing the challenges of the pandemic.”

These include fatigue, difficulty concentrating, difficulty sleeping, headache, muscle/joint pains and anxiety.

It will be important to develop screening criteria for primary care physicians to be able to assess children, Dr. Lynfield said.

“We are seeing a real issue with mental health in kids, and there is a lot of anxiety, a lot of depression. It’s been manifesting in different ways...and it is something we all need to work on,” she added.

There also are concerns about the ability of SARS-CoV-2 to trigger other conditions.

“We’ve seen so many different manifestations for what most people think of as just a respiratory disease,” said Dr. Campbell, including adrenal hemorrhage, status epilepticus and dermatologic presentations.

Off-label use of vaccine

When asked whether the COVID vaccine can be given early if a patient is just short of age 5 years, panelists said there are several reasons why pediatricians should not take this step.

First, the vaccines are being used under an emergency use authorization, so off-label use is not allowed. Health care providers could risk their status as a vaccine provider if they violate this rule. Also, should a rare adverse event occur, it may not be covered under the existing compensation program. In addition, making individual decisions on what dose to use can also be problematic.

Dealing with hesitancy

Dr. O’Leary finds it “tragically ironic” that the No. 1 reason vaccine-hesitant parents give is concern about side effects. Yet there are “potentially very serious long-term risks and of course, immediate risks of COVID-19.”

For families who just have questions or are “on the fence” about COVID-19 vaccines, he believes pediatricians are the answer.

“I honestly believe that simply making a strong recommendation from a pediatrician is probably the single most important thing,” he said.

It’s also it’s important to listen to children’s concerns about the pandemic and offer reassurance.

The participants and their siblings in Dr. Campbell’s COVID vaccination trials, for example, are invited to contribute drawings, which he displays on the walls.

“I think it gives them a sense of control that they can express their feelings and tell me what life is going to be like when COVID is over or why they want to be in the trial,” Dr. Campbell said. “... Many of them are wanting to say like, ‘How can I make sure I don’t get sick, that mommy and daddy don’t get sick, that grandma and grandpa don’t get sick?’ And by getting vaccinated, wearing masks, doing the things they are doing, they (know) they’re a part of this and we’re in it together.”

The next COVID-19 town hall will be held at 7 p.m. CT on March 3. To register, visit <http://bit.ly/covid19townhallseries>.

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