



Pfizer COVID-19 Vaccine FAQ Children 5 to 11 years old

Updated 11/8/2021



The Pfizer COVID-19 Vaccine received Emergency Use Authorization (EUA) by the Food & Drug Administration (FDA) for use in children 5 to 11 years of age on October 29, 2021. The CDC approved the Pfizer COVID-19 vaccine for children 5 to 11 years of age on November 2, 2021.

GENERAL VACCINE INFORMATION

1. Tell me about the vaccine.

On August 23, 2021, the FDA approved the 2- dose Pfizer vaccine series (COMIRNATY) for the prevention of COVID-19 in individuals 16 years of age and older.

The Pfizer vaccine is FDA-authorized under Emergency Use Authorization for the prevention of COVID-19 in individuals 5 through 15 years and as a third dose in individuals 12 and older who have been determined to have certain conditions that weaken their immune systems.

COMIRNATY and the Pfizer vaccine have the same formulation for individuals 12 years of age and older and can be used interchangeably. The Pfizer vaccine for individuals 5 through 11 years is a smaller dose. For more details, see the table below:

Type of vaccine	Uses mRNA (messenger RNA) technology <ul style="list-style-type: none"> • does NOT contain any part of the virus (live or inactive) • is NOT grown in eggs (it is OK to take if you have egg allergies)
Side effects (short-term)	Most common side effects: <ul style="list-style-type: none"> • pain, redness and swelling at the injection site • tiredness • headache • muscle pain • fever • chills • nausea Most are mild-to-moderate and are a sign that the vaccine is making antibodies to help fight off COVID-19 infections
Side effects (long-term)	No serious safety concerns seen with 8-month follow up monitoring for people > 16 years of age and 2-month follow up monitoring for people 5 to 15 years of age <i>Vaccine side effects are almost always seen within eight weeks of vaccination</i>
Effectiveness	Approximately 90.7% effective in people 5 to 11 years of age Approximately 100% effective in people 12 to 15 years of age Approximately 95% effective in people 16 years of age and older Approximately 88% effective against the delta variant
Dosing	Requires 2 intramuscular injections, approximately 3 weeks apart The dose for people 5 to 11 years of age is 10 micrograms, which is <i>less</i> than the dose for people 12 years of age and older (30 micrograms) (<i>see question 6 below for more details</i>)
Age	FDA-approved for individuals 16 years and older FDA-authorized under EUA for individuals 5 through 15 years of age
Pregnancy and lactation	COVID-19 vaccination is recommended for all people 12 and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future

2. Was the vaccine rushed? What can you tell me about mRNA developed vaccines?

The Pfizer vaccine was developed using mRNA technology. Even though these are the first vaccines released using this approach, this technology has been studied in research labs within the U.S. for more than three decades. Also, the vaccine process is happening faster because vaccine research and development, clinical trials, manufacturing, and plans for distribution are occurring at the same time. This method has eliminated delays that occur when the processes are carried out one after the other.

3. Do young children need to be vaccinated against COVID-19?

The CDC recommends children 5 to 11 years of age receive the COVID-19 vaccine. In the US, COVID-19 cases in children 5 through 11 years of age make up almost half (~39%) of the cases in individuals younger than 18. Although COVID-19 is a mild illness for most children, some have developed a serious but rare complication of COVID-19 known as multisystem inflammatory syndrome (MIS-C). Children who have been diagnosed with MIS-C have exhibited long-term complications similar to those of adults infected with COVID-19 (i.e. persistent fatigue, muscle and joint pain, headache, insomnia, respiratory problems, and heart palpitations). Additionally, there is evidence that children over the age of 10 can spread the virus just as easily as infected adults. This means vaccinating younger children will also help control the spread of the virus.

4. Is the COVID-19 vaccine safe for children 5 to 11 years of age? Will it affect my child's growth?

Millions of people in the United States have received COVID-19 vaccines, and these vaccines have undergone and continue to undergo the most intensive safety monitoring in U.S. history. No serious safety concerns have been seen with 2-month follow up monitoring for people 5 to 11 years of age. The ingredients of the COVID-19 vaccine begin to break down after about six hours and are completely gone in 48 hours. During this time, your child's body will recognize the vaccine and start creating antibodies to it. These are the same kind of antibodies your child would make during a natural COVID-19 infection. Based on this information, it is not expected to affect your child's growth, but it is expected to prepare your child's immune system to fight the actual COVID-19 virus if he/she encounters it in the future.

5. Are the ingredients the same in the vaccine for children 5 to 11 years of age as they are in the vaccine for people 12 years and older?

The mRNA ingredients are the same in the vaccine for children 5 to 11 years of age and people 12 and older. The buffer formulation is different in the vaccine for children 5 to 11 years of age. A buffer helps maintain a vaccine's pH (a measure of how acidic or basic a solution is) and stability. The buffer in the vaccine for children 5 to 11 years of age is called "Tris buffer" and is commonly used in a variety of other FDA-approved vaccines used in children. The new buffer improves the stability of the vaccine and does not affect outcomes dealing with effectiveness or safety.

6. Why is the COVID-19 vaccine dose for children 5 to 11 years of age different than the dose for people 12 years and older?

The dose of the vaccine does not depend on the size of the child but rather the child's immune response, which weakens with age. Younger children, such as those 5 to 11 years of age, have a more robust immune response and are able to produce the same protection against COVID-19 with less vaccine.

7. If my child is about to turn 12 years old, should I wait to get him/her vaccinated with the larger dose?

It is recommended to get the COVID-19 vaccine as soon as possible since delaying vaccine administration puts the child at risk of catching the virus.

8. If my child turns 12 years old before the second dose is due, should he/she receive the larger dose of COVID-19 vaccine?

If a child turns 12 years old in-between the time for dose 1 and dose 2 of the COVID-19 vaccine series, it is preferred that the child receives the larger dose of vaccine (30 micrograms) for dose 2. However, vaccination with the smaller dose of vaccine is also acceptable.

9. How do the side effects in children compare to the side-effects in adults?

Overall, children experience fewer side effects from the COVID-19 vaccine. However, when children do have side effects, they're typically similar to the ones experienced by adults and usually occur after the second dose.

10. What is myocarditis and pericarditis? Should I be concerned about these if my child gets the COVID-19 vaccine?

Myocarditis is inflammation of the heart muscle, and pericarditis is inflammation of the tissue around the heart. These are rare conditions that have occurred following vaccination with the Pfizer COVID-19 vaccine, particularly following the second dose, with the observed risk highest in males 12 through 17. Myocarditis and pericarditis may also occur following natural infection with COVID-19. The FDA continues to monitor cases of myocarditis and pericarditis and believes the benefit of receiving the COVID-19 vaccine outweighs the risk of these conditions.

11. Is there a risk of infertility with the COVID-19 vaccine?

There is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems in women or men. Additionally, hundreds of women who participated in the clinical trials subsequently became pregnant with no significant safety issues.

12. Should children with a history of multisystem inflammatory syndrome in children (MIS-C) receive the COVID-19 vaccine?

Currently, there is no data on the safety and efficacy of COVID-19 vaccines in people with a history of MIS-C. It is not known if people with a history of MIS-C are at risk of recurrence of the same immune response following reinfection with COVID or in response to the vaccine. A conversation with your health care provider may assist with decisions about receiving the COVID-19 vaccine. If someone has been diagnosed with MIS-C they should consider delaying vaccination until they have recovered from their illness and for 90 days after the date of diagnosis of MIS-C.

VACCINE PROCESS

13. Is a single shot of the vaccine still protective?

No, a follow-up injection is required.

14. When does my child receive the second dose?

The second dose is recommended 3 weeks after the first dose is administered. The second dose should be administered as close to the recommended interval as possible. However, if your child is not able to receive the second dose as recommended, it may be administered up to 6 weeks after the first dose. If the second dose is administered beyond this interval, it is not recommended to start the two-dose series over again.

15. How will I be reminded of my child's second dose?

You will receive a reminder card after your child receives his/her first dose (make sure you get one before you leave the vaccination clinic!). We recommend that you take a picture of the reminder card as a back-up AND add the date to your calendar.

16. What happens if my child misses the second shot?

Two shots are needed; the second shot is required for immunity. If your child misses the recommended second dose window, he/she should receive your follow-up dose as soon as possible.

17. What is a supplemental dose? Does my child need to receive a supplemental dose?

A supplemental dose is given in addition to the first two doses of the Pfizer COVID-19 vaccine. This would count as a 3rd dose. A supplemental dose gives the body extra protection against the virus. However, not everyone needs the extra protection. It is only recommended for people 12 years and older who are NOT expected to build a strong enough protection from the first two doses. At this time, it is not recommended for children 5 to 11 years of age to receive a supplemental dose of the COVID-19 vaccine.

18. What is a booster dose? Does my child need to receive a booster dose?

A booster dose is given when a patient's strong protection to the virus has decreased or gone away. An example of a vaccine that requires a "booster dose" is the tetanus shot, and that is because over time (10 years for the tetanus shot) a person's protection is expected to decrease. At this time, it is not recommended for children 5 to 11 years of age to receive a booster dose of the COVID-19 vaccine.

IMMUNITY

19. How long does it take immunity to develop fully after vaccination?

The FDA considers an individual fully protected 14 days after the second dose of the Pfizer COVID-19 vaccine. That means it is possible a person could be infected with the virus that causes COVID-19 and get sick just before or just after vaccination. This is because the vaccine has not had enough time to provide protection.

20. If my child has already had COVID-19, how long does the immunity last?

At this time, experts do not know how long someone is protected from getting sick again after recovering from COVID-19. The immunity someone gains from having an infection, called natural immunity, varies from person to person. Some early evidence suggests natural immunity (from having COVID-19) may not last very long.

COVID-19 TIMING

21. If my child has already had COVID-19 and recovered, do I still need to get my child vaccinated?

Yes. Since natural immunity from having COVID-19 may not last very long, you should still get your child the COVID-19 vaccine.

22. How long does my child need to wait between having COVID-19 and taking the COVID-19 vaccine to decrease the possibility of getting it again?

Based on expert opinion, your child may receive the vaccine 6 weeks after onset of COVID-19 symptoms. Taking the vaccine decreases your child's chance of getting it a second time.

23. If my child has other symptoms of being ill now, how long should I wait before getting my child the vaccine?

It is recommended to be symptom free before taking the COVID-19 vaccine.

24. How many days do I have to wait between having my child vaccinated with a routine vaccine and the COVID-19 vaccine?

COVID-19 vaccines and other vaccines may be administered without regard to timing. This includes simultaneous administration of the COVID-19 vaccine and other vaccines, including a flu vaccine, at the same visit.

25. My child has received the first dose of the vaccine series and now has tested positive. Should my child go ahead and receive the second dose on schedule?

No, you need to reschedule your child's appointment for 6 weeks after the onset of COVID-19 symptoms. If asymptomatic, reschedule your child's appointment for 6 weeks after the positive test result.

26. Can my child take the vaccine if he/she has pre-existing conditions such as diabetes, cancer or hepatitis?

Yes.

MISCELLANEOUS

27. How can children who are not eligible for the COVID-19 vaccine (those less than 5 years old) protect themselves against COVID-19?

Children who are unvaccinated should continue to wear a mask in public spaces and around people they don't live with.

28. Can I give my child acetaminophen or ibuprofen before or at the time of the vaccine?

It is recommended NOT to use fever medications (acetaminophen, ibuprofen, etc.) before or at the time of vaccination. After the 15-30 minute vaccination observation period, if your child begins to experience mild-to-moderate injection-related effects (pain at site of injection, muscle/joint pain, moderate fever, etc.), you may give your child the medicine(s) you'd normally give for this type of symptom relief.