

Research Summary for Pediatric Vaccines

1. Parents are cautious, but waiting for an official recommendation to make up their minds

- 34% of parents with children 5-11 report that they intend to get their child vaccinated as soon as the vaccine is available. This rate has increased by 8% in the last 3 months but is less than half the vaccine confidence rate of adults.
- Nearly half of vaccinated parents are hesitant to get their 5–11 year-old vaccinated.
- These numbers are similar to the confidence rates before the vaccine was made available to adults in early 2021, and to confidence rates for parents of 12–17 year-olds before the vaccine was available to them.

2. There is a large movable audience that can be persuaded with pro-vaccine messaging

- 32% of parents of 5-11 year-olds are persuadable. Just 1 in 4 report that they would *definitely not* get their child vaccinated – a rate that has remained steady over time.
- Short and long-term vaccine side effects are the top concern for more than 90% of parents.

3. Most parents anticipate getting their children vaccinated at doctors' offices, but many are open to other channels

- 60% of parents would prefer to get their child vaccinated at a doctor's office, followed by pharmacy (22%), health clinic (16%), community vaccination site (11%) and school (10%). There is general openness to a wide variety of sites, but they are not top-of-mind for parents and will require significant publicity.

Guidelines for Messaging Pediatric Vaccines

1. Highlight the benefits of the vaccine, while acknowledging concerns

- As parents weigh the pros and cons of getting their child vaccinated, our most important argument is that when it comes to their child's safety, COVID-19 poses a far greater threat than the vaccine.
- Unlike previous campaigns, we must proactively address some vaccine safety concerns, but we should do so while also highlighting the benefits of the vaccine and the risks of COVID-19. The HHS team can provide additional guidance on this front.
- Parents have a high standard for their children – it's important to show empathy; we know this is a complex decision and are at the ready to answer any questions.

2. Expanding the pool of trusted messengers

- Many parents most trust their own child's doctor for advice on the vaccine, but we cannot rely solely on these providers. We must encourage providers at all the places children access healthcare (pediatric offices, CHCs, CBOs, schools) to provide pro-vaccine messaging.
- For broader outreach, we want to replicate the kinds of conversations that a parent might have with their doctor – this means fresh faces, non-governmental doctors, and pediatricians.

3. More persuasion than mobilization, but both will be critical

- Because a large portion of parents are movable, our priority with the 5-11 vaccine rollout is persuasion (not mobilization).
- As always, it will be important to publicize that the vaccine is available at no cost, regardless of citizenship or insurance status, at tens of thousands of locations across the country.

Target Audiences for Pediatric Vaccine Outreach

1. Parents who are vaccinated, but hesitant about getting their children vaccinated

- Nearly half of vaccinated parents are hesitant to get their 5–11 year-old vaccinated.
- The audience for whom we can have the biggest impact is vaccinated parents. Unvaccinated parents and parents who are skeptical of other childhood vaccines are – at this time – relatively unlikely to get their child vaccinated.
- Mothers, parents without college degrees, Latino parents, and lower income parents are most likely to be part of the movable audience.

2. Parents without easy access to medical services

- Much like the initial vaccine rollout, we will need to pay special attention to parents and children who do not regularly see a medical provider, who may not have a good source to get vaccine questions answered, and who we are unlikely to reach through earned media efforts.
- Lower income parents, those without college degrees, and Black and Latino parents all report the highest rates of concern about vaccine access, vaccine safety, and COVID risk.

Note: we are targeting parents, not children ages 5-11

Topline Peds Message

The COVID-19 vaccine is the best way to keep you child safe.

- The long-term effects of a pediatric COVID case can be serious and last months; the most common side-effect of the COVID vaccine, which provides lasting protection, is a sore arm. The best way to protect your child against COVID-19, including the Delta variant, is to get them vaccinated
- Like other pediatric vaccines, the COVID-19 vaccine thoroughly tested on children before being recommended.
- If you have questions, talk to a pediatrician, school nurse, or another trusted healthcare provider about your child and the COVID-19 vaccine.

Thank You

