



Opinion Article

Addressing Pediatric Covid Vaccine Dosage Discrepancies

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As an aspiring physician, I want to provide the best possible care for all patients. Vaccinations have revolutionized the world of medicine from eradicating smallpox to decreasing child morbidity and mortality rates, ultimately saving lives. The equitable distribution of vaccines can lessen the burden of disease and save lives. Yet, there continue to be challenges that need to be addressed. I witnessed an obstacle at a Health Fair held in the parking lot of the church with booths, tents, and mobile healthcare vehicles to provide standardized health screenings for the underserved refugee communities in Albuquerque. In partnership with a local hospital, the state Department of health was providing influenza and COVID-19 vaccines. There were long lines that I initially believed was due to a large number of people wanting vaccinations. I was mistaken. A vaccine administrator told me that it was not the sheer number of people that was overwhelming. It was that many of the refugee families did not know their children's dates of birth. The Interim Clinical Considerations for the use of COVID-19 Vaccines in the US clearly states the administration of COVID-19 vaccine doses are based on the age of the patient. However, without a date of birth, the dosage cannot be determined. This caused a dilemma in regards to accurate dosing for pediatric patients at the event. Vaccine providers had to do their best to determine age based on body features. This was problematic. For example, the difference between 11 year old and a 12 year old is a complete double of the dosage (0.25 mL to 0.50 mL) and it would be easy to mistakenly give the wrong vaccine preparation if age is the only guide. This led me to question why vaccine doses, like pediatric prescription doses, are not based on the weight of the patient. Every individual is unique, inside and out. Therefore, how is it that a 12-year-old patient could weigh the same as an 8 year old patient, yet the former is given double the dose of the latter? While in the US we place an emphasis on birthdays, this is not universal. I suspect that health care providers in other countries may face a similar dilemma when trying to determine the correct dosage and vaccine preparation. Someday, I hope to provide

the best possible healthcare to each and every one of my patients. Looking into the future, COVID-19 continues to exist all over the world.

Therefore, I propose a review of the Interim Clinical Considerations for the use of COVID-19 Vaccines in the US to possibly consider basing the administration of COVID-19 vaccine doses on weight in supplementation to age. This approach is especially significant in the pediatric population where weight-based doses are the most common approaches used in determining drug dosage for pediatric patients.

Centers for Disease Control and Prevention. (2023, October 6; 2023, November 24). Use of COVID-19 Vaccines in the United States Interim Clinical Considerations. Centers for Disease Control and Prevention.

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

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Citation: Jun MS (2023) Addressing Pediatric Covid Vaccine Dosage Discrepancies 9: 024.

Received: November 25, 2023; Accepted: December 14, 2023; Published: December 20, 2023

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