

## FDA approves Pfizer vaccine for ages 12-15

### MN BY THE NUMBERS

70%

MN Mask wearing rate since Oct.

0

Number of COVID-19 deaths reported on 5/17.

62%

16+ with at least one dose



RUBICONLINE PHOTO: Mimi Huelster

**SHOT ON THE SPOT.** The Parent Association hosted a flu shot clinic on the Randolph campus May 18.

## Increase in vaccination access does not change school safety protocols

ORION KIM  
THE RUBICON

Despite progress in vaccinations and reduced numbers of cases in the U.S., the pandemic is far from over. Many students ages 16 and up have already been fully vaccinated, however, much of the 12-15 year old age group is just getting started this month.

“IT WILL LIKELY BE SOME TIME BEFORE A SIGNIFICANT NUMBER OF STUDENTS [12-15] IS FULLY VACCINATED.”

Asst. Head of School  
Jill Romans



The CDC authorized the Pfizer COVID vaccine for this age group on May 10, but what will this mean for the SPA community? Will things go back to normal?

Maya Sachs hopes so. She is on the younger side of sophomores and falls under the newly authorized age group. She received her first dose at CVS in St. Louis Park. Sachs said that she is a lot less anxious about contracting the virus and passing it on to loved ones now that she has received her first shot. “After I receive my second dose, I am looking forward to spending time with friends inside so I can connect with them more and see them smile,” she said.

Freshman Henry Hilton recently received his first dose of the Pfizer vaccine at the Saint Paul Corner Drug Store, a great local option that administers the vaccine. Along with local outlets, Roy Wilkins Auditorium is now allowing walk-ins for the 12-15 age group. Hilton said that the activity he

looks forward to most is being able to do sleepovers. “I am optimistic about the future of public safety, and I hope sometime in the future we can continue life interrupted,” he said.

According to Doctor Jill Romans, Assistant Head of School for Student Development and Community Engagement at SPA, no protocols will change this year. “While this is exciting news about the authorization to administer vaccines to students in the 12-15 age group, it will likely be some time before any significant number of students in this age group is fully vaccinated. For a student who receives their first dose of the vaccination on May 17, as an example, the second dose would be administered on or after June 7,” said Romans. Therefore, the earliest date on which they would be considered fully vaccinated according to the CDC standards is June 21, well after school is finished for the year. This new update, unfortunately, will not have an impact on the mitigation protocols in place for this school year. Furthermore, the governor’s recent executive order states that the Safe Learning Plans for schools remain in effect through the end of the school year.

Romans is optimistic about next year. The vaccine’s approval for ages 12-15 means promising news for the planning of the 2021-22 school year.

read about the on-campus vaccine clinic at:

**RUBICON** |online

### WOODCOCK, MARKS TALK ADOLESCENT VACCINATION



Janet Woodcock, M.D. Acting FDA Commissioner



Peter Marks, M.D., Ph.D. Center for Biologics Evaluation and Research

In a press conference exclusively for student journalists across the country, acting FDA Commissioner Janet Woodcock and Peter Marks of the Center for Biologics Evaluation and Research answered questions about the Pfizer-BioNTech COVID-19 vaccine.

Q: Across the U.S. many students would like to get vaccinated but their parents will not allow them to get vaccines. What would you recommend they do?

WOODCOCK: Have your parents talk to your pediatrician or family doctor about the vaccines and make sure they have straightened out any misconceptions they might have about the vaccines.

Q: Should students who have received both doses of the vaccine and have waited two weeks be allowed to de-mask in school settings?

WOODCOCK: Masking rules and procedures are going to be up to the local jurisdictions [including schools]. The reasons for that might be how many people, how much virus might circulate around a community. Also we think the response to the vaccine was very robust and seems to protect very well, but we don’t know for a large variety of people and there are individuals, for example, who may be immunocompromised or have some other condition that may not react so well. Each jurisdiction will probably look to the CDC guidance, to what their state is saying, the prevalence of the virus, what kinds of variants are circulating, and put all that together. The best advice is to follow the community rules.

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