

St. Peter's Preschool Newsletter

December 2020

From the Director's Chair-By Rita Dai Wang

I am so glad it is the last month of 2020! I have high hopes for 2021 – COVID vaccine and hopefully a return to normalcy. Fingers crossed!

Christmas Break Date Change: In light of the current surge in coronavirus cases, we have changed the dates for Christmas Break to offer more time for families to quarantine both before and after the holidays. Our new Break will be from 12/19-1/5. Thank you for your understanding and flexibility!

Pajamas/Book Drive: We are collecting new pajamas and books on behalf of the Pajama Project. This holiday season, I am so thankful for all the blessings in my life. Let's all pay it forward by sharing some of our fortune with those less fortunate. Drop off your donations in the wrapped box at drop-off by 12/18, and we will donate them to local children in need. See flyer below.

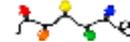
Christmas Programs: Unfortunately, we are not able to invite you to our Christmas Singalongs this year. Instead, our Christmas programs will be recorded so you and your family can watch it from home. Programs will be broadcast on Thursday 12/17 and Friday 12/18. More details will follow soon.

Registration: Believe it or not, we are already planning for the 2021-22 school year. Registration information for next year will be coming home before Christmas Break. Be on the lookout!

Inclement Weather Policy: Normally, St. Peter's follows Howard County Public Schools' closing and delay policies. However, HCPSS is not anticipating closures the same way this year because they are teaching virtually. Consequently, we will need to decide on our own. If a storm is forecasted, I will do my best to let you know via email/FB of closures or delays the night before school. If it is forecasted to hit early morning, I will let you know as soon as I can. Some of the uncertainty lies in whether our entry ramp and parking lot will get plowed in time to start school. There may also be times that I arrive at school to find our driveway or parking lot icy and unsafe. In that situation, you may receive a phone call from your teacher stating that St. Peter's is closed. If this becomes necessary, we will give you as much notice as possible. Also, our driveway can become extremely slippery, so feel free to use Smith Ave (the 'street' next to our driveway on the left) because it is not as steep. If you would feel more comfortable picking your child up early or not bringing him/her to school at all due to weather concerns, we completely understand. The safety of your children is our highest priority.



Dates to Remember



12/17 Christmas Program Broadcast – 2's

12/18 Christmas Program Broadcast – 3's/4's

12/19-1/5 Christmas Break

1/6 School resumes

We hope you have a wonderful holiday with your family!



In the spirit of Christmas try these activities at home:



- Make a birthday card and cake for Jesus, and sing happy birthday to Him. This is a good way to slow down and remember the real reason for the season...that Jesus came into the world as a baby to love and save us! That's something to celebrate!
- Have a family slumber party by the Christmas tree. Set up the living with pillows, sleeping bags, and cuddly things. Make hot chocolate and popcorn, light a fire, watch a fun movie, and fall asleep by the lights of the tree.
- Look for ways to bless others. There are many around our town who are in need. Make gallon sized "blessing bags" full of essentials (toothbrush, socks, hand warmers, poncho, small bottled water, spare change etc). Keep the bags in the car and pass them out when you see someone in need at a stop light/sign.



PAJAMA & BOOK DRIVE

The Magic of Pajamas & Books

NEW PAJAMAS AND BOOKS are magical gifts that we collect and give, with love, to children. These gifts inspire children, teaching them how to use imagination and creativity to change their lives. They are the building blocks of confidence, trust and love. And because we

give them unconditionally, these gifts help create a trusting connection and long-lasting bond. It's easier than you might think to comfort and delight the children who need it most, giving simple but magical gifts that lift the spirit and can change the world.

St. Peter's Preschool is hosting a **Pajama and Book Drive** to benefit the Pajama Program!

This holiday season, please help by bringing either new pajamas and/or new books for children of all ages. They are in special need of adult size pajamas for teenagers. All donations go to needy local kids. Thank you for helping to make this holiday season more snugly for kids in need!

Date:

December 1–18, 2020

Location:

St. Peter's Preschool

For More Info:

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Pajama Program
Good Nights Are Good Days

Pajama Program is a 501(c)3 nonprofit organization founded in 2001.
To learn more about Pajama Program's mission visit PAJAMAPROGRAM.ORG
114 EAST 39TH ST • NEW YORK, NY 10016 • 212.716.9757

One of my favorite researchers is Emily Oster, an economist at Brown University, who publishes a data-driven newsletter on parenting at <https://emilyoster.substack.com/> as well as COVID related findings on <https://explaincovid.org/>. Here is her latest newsletter explaining everything you wanted to know (and more) about the COVID vaccines.

Vaccines



Emily Oster

Dec 3, 2020

Vaccines: Questions Answered

Emily Oster is a Professor of Economics at Brown University. She holds a PhD in Economics from Harvard. Prior to being at Brown she was on the faculty at the University of Chicago Booth School.

Oster's academic work focuses on health economics and statistical methods. She is interested in understanding why consumers do not always make "rational" health choices — why do people not eat a fully healthy diet, or pursue all recommended preventative health behaviors? Her work also concerns methods for learning causal effects from observational data. Earlier academic work included studies of HIV in Africa ([the topic of a 2007 TED talk](#)) and medieval witchcraft.

In addition to her academic work, Oster has written two books. "[Expecting Better](#)" analyzes the data behind many common pregnancy rules, and aims to improve decision-making for pregnant women. "[Cribsheet](#)" does the same for early childhood — what does the evidence really say on breastfeeding, co-sleeping or potty training.

Oster lives in Providence, RI with her husband (also an economist) and two children.

The COVID-19 vaccine. My inbox is full of questions: would you get it? Should I get? When can we get it? I'm pregnant, what about me? Our kids? Help!

I've collated some answers below, drawing on the expertise of some of the [COVID-Explained](#) team, including Lindsay Shultz, Susan Johnson and Ashley Battenberg.

To set the stage, in case you have not been following closely. There are two vaccines which have applied for Emergency Use Authorization (EUA) approval in the US, one by Pfizer and one by Moderna. Both have shown very high efficacy (well over 90%) in large Phase III trials, with limited adverse events. There are other vaccines on the horizon, including one from a team in Oxford and a Johnson and Johnson vaccine. I'm going to focus here on the Moderna and Pfizer option since they'll come in first.

Both of these vaccines are "mRNA" vaccines. This a new type of vaccine, and I think there is some understandable wariness about it. Having said that, the *very large* Phase III trials have shown extremely good safety data. There is a lot of reason to be optimistic and to trust these vaccines. But it's hard to trust something you don't understand well. I think our big challenge in the next months it going to be in helping people better understand teh vaccine technology.

Here's a start.

Can you explain what mRNA is? How do these vaccines work? Also, I heard it changes my DNA. That seems scary.

In your cells, you have double stranded DNA that serves as the instructions for everything your body does. When you want to use a specific set of instructions, your cells briefly unwind the DNA double strands to copy one strand into a single-stranded copy called messenger RNA, or mRNA. It's called this because it serves as a "messenger" by bringing this copy of instructions to the parts of your cell that serve as protein factories (ribosomes), where the instructions are translated and made into proteins.

mRNA vaccines work by inserting an mRNA molecule into your body, which your cells then read as instructions to produce certain viral proteins (specifically, the SARS-COV-2 spike protein). Your immune cells then recognize this viral protein because it is foreign—your human DNA doesn't contain any instructions on how to make this protein, so it has never been made before.

When your immune cells recognize the protein, they make antibodies against it. The antibodies are, effectively, antibodies against the SARS-COV-2 virus. If the actual virus is introduced to your body, the antibodies recognize the spike protein and destroy it.

mRNA does not change your DNA. It survives in cells for a very short period of time—usually a few hours.

Here's an analogy, courtesy of Ashley Battenberg. Think of your DNA as a recipe book. The mRNA is a quickly disintegrating recipe card, lasting only a few hours. This recipe card isn't able to suddenly jump into a recipe book that you have stored in a closed cupboard in your kitchen. It's written on a different type of paper, it's in a different part of your kitchen, and recipe cards just simply can't jump into and merge with a recipe book. Even if you put it inside the recipe book, you would never confuse a page in your recipe book for the recipe card. They're both instructions but are clearly recognizable as different things. Just as DNA and mRNA are different things. The mRNA *does not* change your DNA. It just can't.

Can I get the virus from the vaccine?

No.

Many traditional vaccines use a killed or weakened form of a virus to prompt an antibody response. In these cases, people sometimes worry that they could get the virus from the vaccine. This is why we have so many safety protocols.

However: mRNA vaccines don't work like this. They do not contain the virus. They do not encode the whole virus. The mRNA only contains the instructions to make one specific protein (the spike protein). SARS-CoV-2 is made up of many proteins that allow it to infect us, and it is simply not possible for the spike protein alone to infect and replicate in our cells (this is what happens when we are "infected" with a virus).

It is possible, even common, to have side effects after the vaccine. *These are due to the reaction of your immune system, not an infection.* There is no virus replicating in your cells (no infection), but your immune system is triggered to respond as if there is. For this reason, many of the symptoms that you experience after a vaccine might be similar to the symptoms that one would experience upon infection. These symptoms are a sign that your body is building up immunity.

What kind of side effects are we seeing?

Relative to other vaccines, we are seeing more significant side effects, although they are in the same space as typical vaccine side effects. To quote from [Science Magazine](#):

The independent board that conducted the interim analysis of Moderna's huge trial found that severe side effects included fatigue in 9.7% of participants, muscle pain in 8.9%, joint pain in 5.2%, and headache in 4.5%. For the Pfizer/BioNTech vaccine, the numbers were lower: Severe side effects included fatigue (3.8%) and headache (2%).

These effects seem to vary by age, with younger people having worse side effects. Anecdotal: we've heard some of these side effects described by a friend in their 30's as "feeling like a wicked hangover"—not pleasant, but manageable. The age variation is good news: older individuals who get more value from the vaccine are also less likely to have serious side effects.

On the one hand, I think there will be a desire to minimize this to encourage vaccination. In my view, realism is important here. It seems like the side effects are worse than usual vaccines, *but these are short term.*

What about pregnant women and kids?

Both pregnant women and children were excluded from vaccine trials (kids here means less than 16). This means that they may need to wait for safety data. This could be developed in the next few months as we start vaccination in general.

The most salient immediate question is on pregnant health care workers. Health care workers are in the first vaccine group, possibly even by the end of this year. So there is a right-now question of whether pregnant people should be excluded from these vaccination. The answer seems to be "not necessarily." The [current ACIP recommendations](#) suggest that pregnancy should be a "precaution" but not rule out getting the vaccine.

This is likely to come up also when we move to Phase 1B of vaccination, which includes many more groups that will have pregnant women. It's an uncomfortable position: there is no particular reason to think the vaccine would be an issue for pregnant women, but we are always wanting to be more cautious. There will not be easy answers until we see safety data.

I know a lot of you have written to me asking for more answers. I wish there were more. My sense is that the somewhat ambiguous recommendation comes because there is, on the one hand, no reason to think that pregnant women would be at higher vaccine risk. And, on the other hand, we are always more cautious about pregnant women.

Kids will not get vaccinated until we have safety data on them. Although, honestly, the safety protocols are unlikely to be the limiting factor. Since kids are low risk, and will be protected by vaccination of their parents, they are likely to be among the last vaccine recipients regardless. By the time we get enough vaccine for them, I'm guessing we'll be through safety trials.

A lot of people are saying it's safer to wait, not to be in the first group getting the vaccine. Would you get the vaccine right now?

Yes. (This is from me, Emily, and also the actual experts). There is a lot of safety data. The trials were large. And, also, I don't want to get COVID. I am not likely to be in the first (or second, or third) tranche of vaccine-getters but I will get it as soon as I am able.

How worried are you about vaccine resistance?

Medium. In the short term, the limiting factor in vaccination is going to be vaccine availability not demand. In the medium term, I do worry a bit about resistance. In the end, we may need more sticks than carrots to get over the last hump (i.e. school or work attendance is conditional on being vaccinated).

I am reassured, though, by the high efficacy. With a 95% effective vaccine, you do not need 100% vaccination to achieve herd immunity.