

JCVI issues advice on COVID-19 vaccination of children and young people

Following a request from the Department of Health and Social Care (DHSC) for advice on a possible extension of the COVID-19 vaccination programme, the JCVI has looked at the available evidence around vaccinating children and young people under the age of 18.

From today, the JCVI is advising that children at increased risk of serious COVID-19 disease are offered the Pfizer-BioNTech vaccine.

That includes children aged 12 to 15 with severe neurodisabilities, Down's syndrome, immunosuppression and multiple or severe learning disabilities.

The JCVI also recommends that children and young people aged 12 to 17 who live with an immunosuppressed person should be offered the vaccine. This is to indirectly protect their immunosuppressed household contacts, who are at higher risk of serious disease from COVID-19 and may not generate a full immune response to vaccination.

Under existing advice, young people aged 16 to 17 with underlying health conditions which put them at higher risk of serious COVID-19 should have already been offered vaccination.

The JCVI is not currently advising routine vaccination of children outside of these groups, based on the current evidence.

As evidence shows that COVID-19 rarely causes severe disease in children without underlying health conditions, at this time the JCVI's view is that the minimal health benefits of offering universal COVID-19 vaccination to children do not outweigh the potential risks.

Almost all children and young people are at very low risk from COVID-19. Symptoms, when seen, are typically mild and fewer than 30 children have died because of COVID-19 in the UK as of March 2021.

The Pfizer-BioNTech vaccine is the only vaccine that has been authorised for children in the UK, for those aged 12 or older. This followed a US clinical trial in around 1,000 children aged 12 to 15 that found side effects in this group were generally short lived and mild to moderate.

Real-world data on the safety of COVID-19 vaccines in children is currently limited, but there have been extremely rare reports of myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the membrane around the heart) following the use of the Pfizer-BioNTech and Moderna vaccines in millions of younger adults.

Until more safety data is available and has been evaluated, a precautionary

approach is preferred.

Professor Anthony Harnden, Deputy Chair of the JCVI, said:

The primary aim of the vaccination programme has always been to prevent hospitalisations and deaths. Based on the fact that previously well children, if they do get COVID-19, are likely to have a very mild form of the disease, the health benefits of vaccinating them are small.

The benefits of reducing transmission to the wider population from children are also highly uncertain, especially as vaccine uptake is very high in older people who are at highest risk from serious COVID-19 infection.

We will keep this advice under review as more safety and effectiveness information becomes available.

Operationally, it is considered reasonable to allow a lead-in time to offer vaccination to children who are within 3 months of their 18th birthday to ensure good uptake in newly turned 18-year-olds.