

Should you have the Covid-19 vaccine?

Questions for children and their parents

Covid-19 vaccines are being offered to 12-15 year-olds over the next few weeks. You may feel bombarded by information and under pressure at school. All drugs or medicines have some side effects, so it's important to balance out any benefits of the vaccine with any risks when making a decision.

What are the possible benefits of having the vaccine?

The vaccine in adults does appear to reduce the chance of getting really sick and needing to go into hospital. BUT: it is very rare for children to get sick. Most children with Covid have either no symptoms or very mild symptoms. For children with serious chronic conditions that put them at higher risk from Covid, the balance will be different, so you can ask your paediatrician for advice. But for healthy children, any benefit from the vaccine will be very small.

Will it stop me catching Covid?

The vaccine can't stop you catching Covid. If it stops you coughing and sneezing, then in theory that might make you less likely to pass it on, but Public Health England have shown that if you catch Covid, the virus numbers in the nose and throat are just the same whether you have been vaccinated or not – so the vaccine can't stop you passing it on.

What if I pass the virus to someone older who might be more vulnerable?

Remember, they can choose to get vaccinated to protect themselves. But if you live with someone who has a problem with their immune system so that the vaccine can't protect them, then you can choose to get vaccinated.

Will kids getting vaccinated help to keep schools open?

The government has calculated that the vaccine programme might save 110,000 school days by preventing infection. That sounds impressive. However, what they didn't consider was that, in the trials for 12-15 year olds, 5% of those who received a single dose of the vaccine had adverse reactions severe enough that they couldn't perform daily activities (after two doses that figure rose to more than 10%). With 3 million pupils getting vaccinated, that would mean at least 40,000 **more** school days lost **with** vaccination than without. This calculation also doesn't include the disruption to classes from actually administering the injection.

Finally, the same trial showed that 0.04% suffered an 'extremely serious' adverse event, without elaborating further. That would equate to 1,200 12-15 year olds in the UK.

Remember: since 16 August, under-18s no longer have to self-isolate if they have been in contact with a case. This will make it much easier for schools to stay open, as only children who are unwell need to stay home.

What if I've already had Covid?

If you've already had Covid, there wouldn't be even a small benefit from vaccination, only the risk side of the balance. Probably around half of UK school children have already had Covid – the exact number isn't known, as most children don't get any symptoms so won't have had a test. Studies show that children have an excellent immune system which will give long-lasting protection.

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What about Long Covid?

Fortunately, Long Covid is not common in children and, if it does occur, it usually just gets better on its own. Some of the symptoms are equally common in children who tested negative for Covid, suggesting that home-schooling and lack of exercise, or other effects of the pandemic response, are as important as Covid itself.

What about side effects?

Many of the vaccine side effects tend to be worse in younger people, because they are caused by the immune system which is strong if you are young.

The most worrying ones are heart inflammation (myocarditis), problems with blood clots and problems with the nervous system.

In Israel, myocarditis occurred in 1 in 6,230 young men aged 16-19 after the second Pfizer shot. This is why the UK government is only giving one dose. But it is not known if the risk of myocarditis is higher if you've already had Covid (so the vaccine might in this case be equivalent to the 2nd dose). Myocarditis causes chest pains, usually in the first 2 or 3 days after the jab. The symptoms seem to settle quite quickly, but studies in the US have shown serious changes on heart scans. They need to repeat these scans after 2 or 3 months to know whether

the problem has really gone away. This is one reason why the JCVI wanted to delay rolling out the vaccine, so they could check out all the information before deciding. Healthy children in the US are known to have died following vaccination.

Is there any long-term safety data?

As the vaccines use a completely new technology, there is NO long-term safety data. There are no studies looking at effects on male or female fertility.

Remember, the Joint Committee on Vaccination and Immunisation (JCVI) say that the benefit/risk balance for healthy 12-15s is too close to call.

Consent procedure – a summary for parents

Remember: the vaccination is an **offer**—it is **not compulsory**—and your child's education can continue regardless of your decision.

For consent to be legally valid, it must be 'fully informed', which includes detailing common and rare side effects and also explaining the risk of not being vaccinated. This information must be specific for the individual, so it must be the correct information for 12-15 year-olds. If you are unsure, then you may decide it's safer to wait for more information.

Consent also must be free of any form of inducement or coercion (remember the free pizzas or the threat of vaccine passports?).

If you do decide not to consent, you must also remember that vaccination clinics may try to use 'Gillick competency', so your son or daughter may be asked to overrule your decision.

The test to assess whether a child under 16 is competent to make a medical decision comes from the case of *Gillick v West Norfolk and Wisbech Health Authority [1985]*. It requires that the child must be able to "understand the nature and implications of the decision and ...understand the implications of not pursuing the decision".

The JCVI and the CMOs, with all the knowledge and information at their disposal, have been unable to agree on the benefit-risk balance for this age group. The long-term effects are also still unknown, thus it is not actually possible for a child to be Gillick Competent for this vaccine.

Useful resources for further information:

www.safertowait.com
www.ukmedfreedom.org