

Dr Rosamond Jones

09 March 2022

Dear Dr Rosamond Jones,

Re: Childhood vaccination

Thank you for your letters of 23 November and 9 December to the Joint Committee on Vaccination and Immunisation (JCVI).

When formulating advice in relation to childhood immunisations, JCVI has consistently held that the main focus of its considerations should be the potential benefits and harms of vaccination to children and young people themselves.

The key evidence that the committee considered in their decision to offer second doses to persons aged between 5 to 17 years who are not in a clinical risk group is provided in the [JCVI statements of 15 November 2021](#) and [22 December 2021](#).

In summer 2021, when COVID-19 vaccination of children and young people was being considered in the UK, reports of vaccine-related myocarditis were just emerging and there was uncertainty regarding the longer-term prognosis following such events of myocarditis.

Since then, much more data have accrued internationally and in the UK; more vaccine has been administered to children and young people globally and more follow-up time has passed. International colleagues have shared their experience which includes longer term follow-up; for example, the US CDC and ACIP have assessed the follow up of cases of vaccine-related myocarditis out to 90 days. Colleagues from these countries are themselves now much more reassured regarding the lack of any serious sequelae from vaccine-related myocarditis. The following points are relevant:

- a. The reporting rate of myocarditis following vaccination decreases with decreasing age from 18 years downwards; for instance, in children aged 5 – 11 years, the reporting rate of myocarditis following vaccination in the US is between 1 -2 per million vaccine doses.

- b. The reporting rate of myocarditis following vaccination is lower with extended intervals between doses (as used in the UK), compared to schedules with shorter dose intervals (as used in the US and Israel).
- c. The vast majority of confirmed cases of myocarditis following vaccination recover within a short time and no serious longer-term sequelae have been noted.

JCVI takes the potential risk of post-vaccination myocarditis seriously and are continuing to review relevant data as they emerge. JCVI receives regular updates from the Medicines and Healthcare products Regulatory Agency (MHRA) on the safety and use of the COVID-19 vaccines. It is the responsibility of the MHRA to ensure that medicines, medical devices and blood components for transfusion meet applicable standards of safety, quality and efficacy. As well as authorising the use of new vaccines and medicines, the MHRA has statutory responsibility for undertaking post-authorisation safety monitoring in the UK.

Natural immunity following infection with SARS-CoV2 is an important component of immunity that will increase in relevance as more people are exposed to and recovery from SARS-CoV-2 infection. The antigenic distances between Omicron, Delta and wild-type virus may influence the 'specificity' of immunity that is generated following natural infection. An increasing range of studies demonstrate that the combination of natural and vaccine-induced immunity (hybrid immunity) provides increased strength and breadth of immunity. Such hybrid immunity will add to the protection against future emerging variants.

By Spring 2022, it is anticipated that most people in the UK will have had the opportunity to take up the offer of a primary course of COVID-19 vaccination. The offer is accompanied by relevant information to support voluntary informed consent.

Thus far, the offer of COVID-19 vaccination to children and young people has been made as part of national pandemic responses. As we move towards a steady state of 'living with COVID-19', JCVI will be reviewing the COVID-19 vaccination programme for children and young people and will update its advice accordingly.

We note that the letter of 9 December was sent to the Chief Executive of UKHSA. They will be able to provide further information on UKHSA guidance documents.

Yours sincerely

Professor Wei Shen Lim
COVID-19 chair of the Joint Committee on Vaccination and Immunisation.