- Vaccination / Child care

WHY YOUR KIDS NEED TO HAVE THE JAB

TWO PEDIATRIC VACCINE EXPERTS ANSWER COMMONLY ASKED QUESTIONS ABOUT THE COVID VACCINE FOR CHILDREN

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AUSTRALIA'S Therapeutic Goods Administration (TGA) has provisionally approved the Pfizer vaccine for 2.3 million children aged between five and 11 years of age and the vaccine will be available to children from tomorrow subject to final considerations from the Australian Technical Advisory Group on Immunisation.

To answer your questions, JANE HANSEN spoke to associate professor Margie Danchin, a pediatrician and vaccine researcher with the Murdoch Children's Research Institute (MCRI) and professor Robert Booy, an infectious diseases pediatrician and vaccine expert at the University of Sydney.

Q. CHILDREN RARELY GET SICK WITH COVID, WHY DO THEY NEED TO BE VACCINATED?

MD: It's about one per cent of those who test positive, but one per cent of 2.3 million, of course not all will be infected, but it's still a substantial proportion of children.

RB: The great majority of children will not get serious illness form Covid, the risk of severe Covid rests with children with major problems, immunosuppression, so they have cancer, or have cerebral palsy, Down syndrome and chronic heart and lung disease, but about half of the serious Covid cases happen in previously healthy children for unexplained reasons. We use universal vaccination to protect the ones we can't predict, who despite being healthy will still get severe disease. About one in 10,000 children who catch Covid may die of it based on US figures, one in 3000 can get the inflammatory syndrome that affects the skin, heart and blood vessels. And one in 100 may get long Covid.

Q. WHAT IS THE ARGUMENT FOR VACCINATION IN KIDS?

MD: First is to directly protect them so they don't get sick; severe disease does still occur, especially in children with underlying medical conditions. Second is reducing transmission in both households and schools so kids can attend school safely, and third is they can attend school and have less disruption to their education. RB: It is to directly protect those vulnerable and, looking at healthy kids, there is a rare risk of death, especially if you have a medical problem.

Q. WE KNOW THE VACCINE DOES NOT 100 PER CENT STOP TRANSMISSION BUT IT DOES REDUCE IT?

MD: It definitely reduces transmission, we believe it will reduce transmissions in school.

RB: Vaccinated kids are half as likely to transmit. They are half as likely to get a breakthrough infection and if it is, it will be mild and then if they do have a breakthrough they are half as likely to transmit it, so they are really a quarter or less likely to transmit Covid.
Q. WILL THE VIRUS SEEK OUT THE UNVACCINATED COHORT, IN THIS CASE, KIDS UNDER 12?
MD: Yes, that is right and we don't know what Omicron will do, if it will be more transmissible, so we just want to reduce kids getting infected in the first place and passing it on.
RB: The virus looks for where it can multiply so it looks for anyone who is unvaccinated.
Q. WHAT IS THE SAFETY PROFILE?
MD: The common and expected side effects don't occur more commonly than they do in teenagers and younger adults. The most common is a sore arm, followed by headache and fatigue.
RB: We are still concerned that occasionally they can get myocarditis (inflammation of heart muscle), the evidence is not completely available yet but is less than one in 10,000.
Q. WHAT ABOUT THE RARE SIDE EFFECTS OF MYOCARDITIS AND PERICARDITIS (INFLAMMATION OF THE OUTER LINING OF THE
HEART) WHICH WE HAVE SEEN IN TEENAGE BOYS?
MD: There's now been
1.4 million kids vaccinated in the US with dose two and there has not been a vaccine safety signal – what we mean by that is there are not increased reports of either myocarditis or pericarditis above what is expected in the back-ground (unvaccinated) rate in the community for other viruses and causes.
RB: The great majority recover within a week, it is mild.
Q. WHAT IS THE DOSE?
MD: It's a third of the adult or teen dose and comes in an orange topped vial. The adult comes in a purple top vial, so it is important the paediatric orange top vial is used to get a correct dose. RB: It's a third of the adult dose. Only Pfizer is approved for children, not Moderna.
Q. AT WHAT INTERVAL ARE THEY GIVEN IN CHILDREN?
MD: It is eight weeks at the moment but they may be reduced to three weeks for quicker protection if cases increase. But a longer interval may give better long term protection and a lower risk of myocarditis. RB: You get a better immune response spacing it out to eight weeks and you get better tolerance and fewer side effects with the second dose with an eight week gap.