

VACCINATION OF 5-11 YEAR-OLDS AGAINST COVID-19

Informational tool for **professionals** (school, health, community) to support parents' and families' decision-making process regarding the vaccination against COVID-19 among 5- to 11-year-olds in Quebec

SUMMARY OF AVAILABLE SCIENTIFIC KNOWLEDGE

COVID-19 and Children 5-11 years old

- Medical problems associated with COVID-19 for 5-11 year-olds are not severe - Out of 35,000 cases since the start of the pandemic in Quebec, there have been 52 hospitalizations and no deaths (data as of Oct. 16, 2021). However, 5-11 year-olds were the age group with the most cases per 100,000 people during the 4th wave.
- Common symptoms - fever, cough, loss of smell, fatigue
- Possible complications - difficulty breathing, confusion, chest pain
- Pediatric Inflammatory Multi-Systemic Syndrome (PIMS) - A very rare but serious consequence of COVID-19 that occurs a few weeks after infection: this immune reaction attacks organs (brain, kidneys, liver, skin, heart). In Canada, 6 hospitalized cases per 100,000 children have been reported (between March 2020 and May 2021).
- Long COVID - The existence of long COVID in children is unclear: 1-4% of children with COVID-19 are reported to have persistent symptoms consistent with long COVID (fatigue, weakness, sleep disturbances, difficulty breathing and concentrating), but there is no evidence that these symptoms are due to COVID-19.
- Other impacts on children - The pandemic and infection control measures affect the school, family, and after-school activities and thus may negatively affect the mental health, psychosocial development, and academic achievement of some children.

Benefits of Vaccinating Children Against COVID-19

Although the medical problems associated with COVID-19 in 5-11 year-olds are not severe, there are some benefits to vaccinating children:

- 90.7% protection for the child against the disease with the Pfizer-BioNTech (Comirnaty) vaccine
- Decreased risk for the child to develop a severe form of the disease, PIMS (and possibly long COVID)
- Decreased risk of the child transmitting the disease, which helps protect vulnerable individuals, and helps decrease the circulation of the virus in the community and the risk of the virus mutating into new variants
- Reduced risk of transmission at school, which diminishes potential class closures and other inconveniences for children, families and schools
- Improved mental health and reduced anxiety for some children and parents
- Potential improvement in children's development and schooling through more consistent school attendance and socialization

(The term "parents" includes biological, adoptive or other legal guardians. The masculine gender is used as the neutral gender to refer to women, men or other gender identities.)

VACCINATION OF 5-11 YEAR-OLDS AGAINST COVID-19

Should some children be vaccinated more than others?

Children who are immunosuppressed or have chronic health problems have a slightly greater risk of severe COVID-19 infection, which may make their vaccination more beneficial.

Should a child who has previously been infected with COVID-19 be vaccinated?

Having the disease reduces the risk of re-infection, but the duration of this protection is uncertain. It is recommended that children who have already had the disease be given a dose of vaccine (at least 8 weeks after having the disease) to increase their immune response and extend their period of protection.

Possible Side Effects After Vaccination

- Mild effects within 2-3 days: redness, pain and swelling at the injection site, lymph nodes under the arm, systemic reactions (fever, fatigue, headache, muscle pain). Systemic reactions are less common with the paediatric dose given to 5-11 year-olds (10µg rather than 30µg).
- Within 14 days, very low risk of myocarditis or pericarditis (inflammation of the heart muscle or lining, with symptoms such as chest pain, palpitations, shortness of breath, fatigue, fever). Among 12-17 year-olds in Quebec, 3 cases of myocarditis per 100,000 doses of the vaccine have been reported, mostly in 16-17 year-old boys after the 2nd dose. Cases were mild and responded well to treatment and rest, and symptoms were short-lived. Canadian data show a lower risk with an interval of at least 8 weeks between the two doses.
- Among the 3,000 children aged 5-11 years vaccinated during the Pfizer-BioNTech clinical trial, no cases of myocarditis or pericarditis were reported. Although this sample size is too small to exclude a risk, it is reasonable to believe that the risk is even lower than in 12-17 year-olds. Close and continuous monitoring of vaccine side effects (pharmacovigilance) continues.

Can there be long-term vaccine side effects in children?

- No study has shown that any vaccine can have side effects years after it is given. The side effects of a vaccine occur within weeks or months of administration. It is expected that the same will be true for messenger RNA vaccines.
- Messenger RNA technology has been used for years in medicine. It is a recipe given to our body to develop antibodies against a virus. The mRNA does not transform our genetic material. The body eliminates the mRNA within hours, leaving only the antibodies developed by the body and ready to fight the virus.
- Since December 2020, hundreds of millions of mRNA vaccines have been administered and possible adverse reactions are closely monitored



VACCINATION OF 5-11 YEAR-OLDS AGAINST COVID-19

SUPPORTING PARENTS' DECISION-MAKING

BASIC PRINCIPLES:

- The decision to vaccinate a child belongs to the parents and should not be rushed or pressured.
- It is important to respect the ways in which parents exercise their role as protectors of their child's health. It is also important to encourage the parents' autonomy with regards to their decision, to value the legitimacy of their choice and their pace, and if they wish, to accompany them in their decision-making by offering them appropriate information and emotional support.

A HEALTHY AND LEGITIMATE PROCESS

- Deciding to vaccinate one's child involves informing oneself and weighing advantages and disadvantages or risks of vaccination.
- This decision-making is a healthy, legitimate and dynamic process i.e. linked to concerns that change according to the time and place in which a person lives.
- This complex process is not only a matter of individual will. It depends on: factors specific to vaccines (safety, efficacy, cost-benefit ratio i.e. weighing up the vaccine against the disease to be avoided), individual and collective factors (personal or family experiences, sometimes traumatic, with vaccination, the health system or the State, risk assessment), and contextual factors (social or historical factors, accessibility to care, trust in the State).
- For a parent to make a decision, he or she must have access to reliable scientific information communicated in a transparent, nuanced, and caring manner, especially considering this decision is being made for another person.
- Some parents will vaccinate their child as soon as possible, others will refuse outright, and still others will be hesitant to varying degrees and for varying lengths of time. Parents may need the support of trusted individuals (health professionals, community or school team members, family members) to reach their decision.
- Differing positions around vaccination can lead to tensions and have impacts on children (loyalty conflicts, feelings of exclusion, bullying, silence, loss of friendships). It is therefore important to protect children from these possible tensions by not taking a categorical position on vaccination, by not being moralistic or guilt-ridden, and by respecting parental choice.

COMMON FEARS AMONG PARENTS

- Doubts about the safety of the vaccine since it is still relatively new and due to the lack of experience with COVID-19 vaccination for younger children starting in several countries
- Concern about possible side effects of the vaccine
- Concern that parental choice will not be respected by the government or the school
- Concern that vaccination will become mandatory for 5-11 year-olds to participate in social, cultural or sports activities
- Concern that their child will be stigmatized, bullied or excluded if not vaccinated

HOW TO SUPPORT PARENTS?

DURING DISCUSSIONS:

- Build an alliance based on respect and inclusion, recognizing possible power relationships and the legitimacy of mistrust.
- Avoid the corrective reflex: do not judge, tell how to act or try to convince, do not argue or make people feel guilty. This leads to resistance and does not allow for open dialogue. Instead, make an effort to be open, empathetic and compassionate in order to understand the parents' point of view.
- Acknowledge the role of emotions and experiences on views, positions and decisions around immunization, get parents to talk and identify their concerns, ambivalences and motivations around vaccines, listen to them, and if they want, explore what information might be helpful to them.
- Collaborate and work with parents, not imposing information or views but asking if they want additional information.
- Talk about vaccines and health in a transparent, nuanced, caring and appropriate way (in terms of language, age, literacy, culture, religion).
- Downplay the choice by valuing the parental decision: once well informed, parents will make the decision they feel is the right one for their child.

TOOLS

- Use open-ended rather than closed-ended questions
- Make reflections/summaries of what the parent said
- Value what the parent said
- Ask permission to offer information, share that information, and then ask what the parent thinks of that information

HOW CAN PARENTS TALK TO THEIR CHILDREN ABOUT VACCINATION?

- Parents can discuss vaccines and their role with their child in a transparent, nuanced and age-appropriate way, and reassure him that they will choose what they think is best for him, even if that choice may be different from that of other parents.
- Parents can talk with their child about his possible fears (of transmitting the disease, of needles or shots, of being hurt, of the side effects of the vaccine, and in the event that the decision is not to vaccinate, fear of being judged or excluded). Parents can reassure their child about his fears and work with him on ways to reduce them.
- If the decision is to vaccinate, and if the child wants to, talk with him about ways to reduce those fears on vaccination day (being with a parent or friend, talking about something he likes, distracting himself with a book or another object, choosing a clinic where there is pet therapy, etc.).

VACCINATION OF 5-11 YEAR-OLDS AGAINST COVID-19

COVID-19 RESOURCES FOR CHILDREN

Comics (videos):

For younger kids: Just a Vaccine, by Southern Ohio Medical Center

<https://www.youtube.com/watch?v=aiXDWFBj7I>

Immunity Warriors, by Dr. Wilson, Ottawa Hospital

<https://www.immunitywarriors.com/en/home>

Valiant Vaccine Versus the Vicious Virus, by Dr. Dery and Dr. Griggs

<https://www.youtube.com/watch?v=VQiESFpq65g>

Questions and answers:

Doctor Answers Kids' Questions about COVID Vaccine, CBC Kids

<https://www.cbc.ca/kidsnews/post/watch-doctor-answers-questions-about-covid-19-vaccine-for-kids-under-12> (video)

How to Handle Your Shots Like a Champ, by Kids boost immunity

<https://kidsboostimmunity.com/champ> (info and video)

COVID-19 Vaccine FAQ (5-11 year-olds), Sick Kids Hospital, Toronto

<https://www.aboutkidshealth.ca/Article?contentid=4001&language=English>



MAKING AN APPOINTMENT

The COVID-19 vaccine is free and accessible to everyone, regardless of status, with or without a RAMQ card. Children between ages 5 to 11 can be vaccinated in vaccination clinics (with or without an appointment) or at school.

If you have questions about the vaccination of 5-11 year-olds, visit

quebec.ca/vaccinjeune

To make an appointment, go to

portal3.clicsante.ca

or call

1 877 644-4545