

COVID-19 vaccine for children 5-11 years: Questions & Answers



This document was prepared to help paediatricians answer questions from parents and caregivers about the COVID-19 vaccine for children 5-11 years.

To access the statement: cps.ca/en/documents/position/vaccine-for-children-5-to-11

Should all children 5-11 get the COVID-19 vaccine?

Both the National Advisory Committee on Immunization and the Canadian Paediatric Society recommend that the COVID-19 vaccine be offered to children 5-11 years old.

Children 5-11 years who get COVID-19 usually have mild illness, and sometimes have no symptoms. Some children who are otherwise healthy can get serious infection or MIS-C, which is an inflammatory syndrome that follows COVID-19 and can include symptoms such as fever, abdominal pain, vomiting, diarrhea, skin rash and other signs of inflammation.

We know that the vaccine is quite effective at preventing infection, and the risk of side effects is also low. The dose for younger children is one-third the dose for older children and adults.

We also know that children in this age group do not get very sick from COVID-19. So we're encouraging parents and caregivers to consider giving their children the vaccine, and to make a choice that is best for their family. We want all parents to feel very comfortable with their decision.

Why should children receive a COVID-19 vaccine if they are at lower risk of serious outcomes from COVID-19?

Although children and youth are less likely to get very ill from COVID-19 when compared to adults, if they do get infected they can still:

- develop symptomatic COVID-19, including resulting in severe illness requiring hospitalization in some instances, or, rarely, resulting in death;
- develop MIS-C after infection with the virus;
- be infected and not have any symptoms but still be able to spread COVID-19 to others; and

- experience long term after-effects of COVID-19.

As of mid-November, children aged 5 to 11 years of age have the highest COVID-19 case incidence rate across all age groups, in part because they are not yet vaccinated.

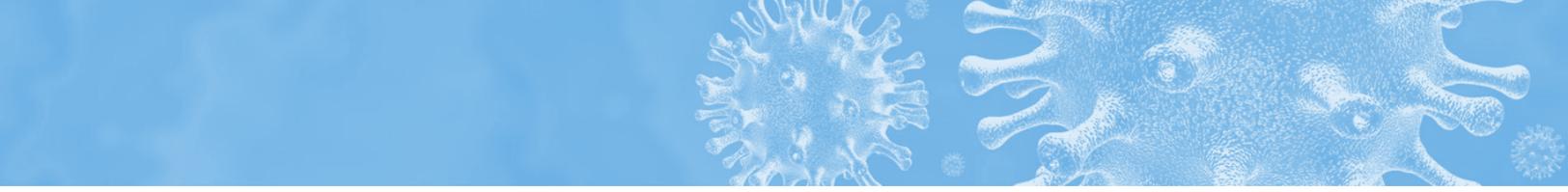
In Canada, how many children have died from COVID-19 to date? How many children have been hospitalized to date?

As of November 12, 2021, among the twelve jurisdictions currently reporting detailed age data to the Public Health Agency of Canada (PHAC), severe outcomes from COVID-19 including hospitalization, ICU admissions and death are very infrequent in children, occurring in 0.2% (=299/123,652), 0.04% (=48/123,652) and 0.002% (=2/123,652) of confirmed SARS-CoV-2 infections in children aged 5–11 years respectively.

What factors should parents consider when making a decision about whether to vaccinate their children? Community factors? Individual family situations (eg., elderly relatives, etc)?

As with any health care intervention, the best interests of the child come first.

- **Preventing severe disease in your child.** Even though most children have mild disease, rarely some children do get severe COVID-19 or MIS-C. An important consideration is whether your child is at a higher risk of serious problems from COVID-19. These include children who are obese, who are medically fragile or have medical complexities, children with some chronic medical conditions, or immunocompromising conditions. If this is the case, we encourage parents to speak with their child’s health care team about the benefits of vaccination.
- **Protecting family members and close contacts.** If your child has close contact with someone who is at risk of more severe disease from COVID-19, then you may also want to consider having them vaccinated.
- **Potential for exposure to COVID-19.** It’s important to consider the level of COVID-19 infection in your community, meaning how likely your child is to contract the virus. Are there local outbreaks? Is the number of infections high, or rising? Is your child attending school, and if so, are COVID-19 outbreaks occurring in schools in your area? Is COVID-19 being spread in your area in group activities such as sports that your child may want to participate in?
- **Travel.** Are there plans for your child to travel to an area with a high rate of COVID-19? Is the vaccine required for any planned travel?



Are there any children 5-11 who should not get the vaccine?

Anyone who had myocarditis related to a first dose of COVID vaccine should not get another dose until more information is available.

Children should wait to receive a COVID-19 vaccine if they:

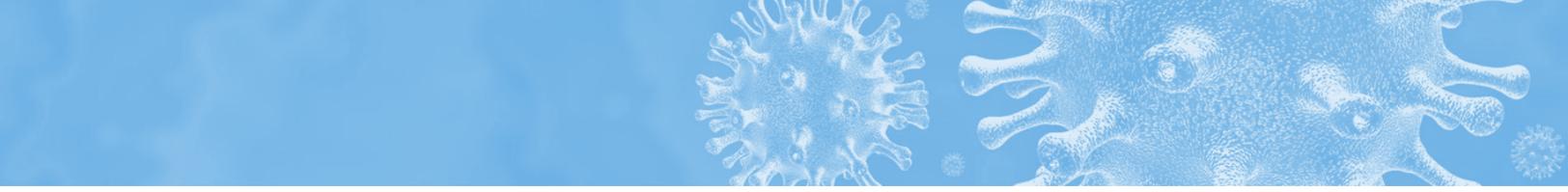
- Have a serious allergy to the vaccine or a component of the vaccine. They may be able to be vaccinated after they are assessed by an allergist or at a special vaccination clinic. Speak to your child's doctor about this.
- Have an acute illness, like the common cold. They can receive the vaccine once they have recovered.
- Recently had COVID-19. They can receive the vaccine after they have recovered and are no longer contagious.
- Have had MIS-C. They should wait until they have completely recovered and at least 90 days since the diagnosis was made.
- Have had myocarditis unrelated to COVID-vaccine. Parents should consult their child's physician. If the child has completely recovered and is no longer followed clinically for cardiac issues, they may receive the vaccine.

Why is Canada's recommendation different from the recommendation in the U.S.?

As with many aspects of the pandemic, recommendations for vaccine delivery and public health measures have differed from country to country, and from jurisdiction to jurisdiction. The United States and Canada have different rates of COVID-19 infection, levels of adult vaccination, and health care systems.

Are there potential safety concerns with regard to post-vaccine adverse events in the 5-11 age group?

In the trials done so far, there were no significant safety concerns. And so far in the United States, about 2.5 million first doses have been given to children 5 to 11, with no serious concerns. With each passing week, more data become available.



Should parents be deciding between having their children fully vaccinated vs not at all? That is, would there be any merit in a child having only one dose? Is it true that the potential for side effects is higher after the second dose?

Based on data from older children and adults, one dose is expected to give short-term protection.

Myocarditis is more common after the second dose in older children and adults. And given this younger age group and the fact that the dose is lower, there may be less myocarditis in this population.

There may be more information about side effects before any Canadian children are due for a second dose, given that 2.5 million first doses have already been given to children the US.

Health Canada’s approval says the second dose can be given 21 days after the first dose. Why are NACI and CPS recommending that the second dose be given at least 8 weeks after the first dose?

Health Canada’s approval was based on the data submitted to them from the clinical trials, where the time between the first and second doses was 21 days. However, there is a great deal of evidence to suggest that a longer interval between the first and second dose results in stronger and more long-lasting protection from infection. It also results in a lower risk of myocarditis and pericarditis.

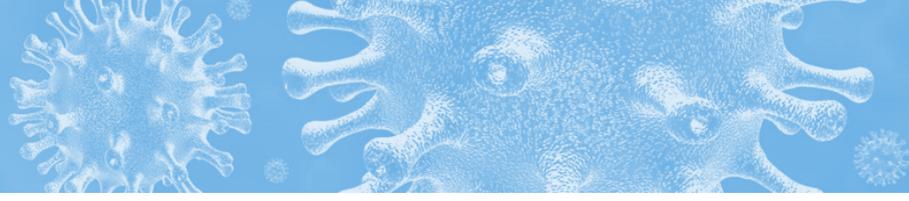
Can children 5-11 years receive the COVID-19 vaccine at the same time as other vaccines?

NACI is recommending that any other vaccines be given 14 days before or after the COVID-19 vaccine. This is so that—in the event of an adverse event—doctors can be absolutely sure which vaccine it was related to.

However, we also know that many children have missed routine immunizations during this pandemic, and that is a concern. So the CPS recommends that COVID-19 vaccine can be offered at the same time as other required vaccines, unless families are absolutely sure that they can get their catch-up vaccines without delay.

If parents decide not to vaccinate children 5-11 years old, what should they do to protect those children from COVID-19 as well as any other family members?

Everyone, regardless of vaccine status, should follow their local public health recommendations with regard to masking, social distancing, hand hygiene, and so on.



According to NACI, if someone is 11 years old at the time of their first dose, but will turn 12 years old before their second dose, which formula/dosage should they receive?

Children who receive the Pfizer-BioNTech Comirnaty (10 mcg) pediatric formulation COVID-19 vaccine for their first dose, who turn 12 by the time of their second dose, may receive the adolescent/adult formulation of the Pfizer-BioNTech Comirnaty COVID-19 vaccine (30 mcg) to complete their primary series. If a child who has turned 12 by the time of their second dose inadvertently receives the pediatric formulation (10 mcg), their series should still be considered valid and complete.

Now that the vaccine is approved for children 5-11, should they be subject to the same rules currently in place about mandatory vaccines for entry into certain places (eg., restaurants, sports arenas, etc)? What about travel?

These are decisions for public health and other governmental authorities. Currently, policies around mandatory vaccines for travel apply to anyone 12 years and older.

Why does the NACI recommendation for children ages 5 to 11 indicate that a vaccine “may be offered” instead of “should be offered?” Is there a difference?

The National Advisory Committee on Immunization (NACI) provides technical advice to the Public Health Agency of Canada, for use by provinces and territories and health care providers. NACI makes two types of recommendations in their technical advice—strong recommendations and discretionary recommendations. A strong recommendation uses the words “should be offered” while a discretionary recommendation uses the words “may be offered.”

A strong recommendation is one that applies to most individuals in a population unless a compelling alternative is available. A discretionary recommendation means that the vaccine may be considered for individuals in a population, but that the decision should be made considering factors such as individual benefits and risks, or local epidemiology. NACI will continue to monitor the information related to the Pfizer-BioNTech vaccine for children, including how well it works and its safety profile, and will update its recommendations as required.

Updated November 24, 2021