

READER'S FORUM

The controversy surrounding vaccination of young people against COVID-19

We agree with the view already expressed by Glikman et al.¹ that Israel has gained world leadership in technology and capacity of COVID-19 vaccination. However, in these days of mandates on full vaccination of children against COVID-19, a sustained communication effort is required to reassert this leading position. Glikman et al. report that on May 2021, the CDC and the Israeli Ministry of Health (IMOH) concluded that the potential benefits of COVID-19 vaccination outweigh (...) the possible risk of perimyocarditis. Subsequently, on 2 June 2021, the IMOH approved the vaccine for children and adolescents 12–15 years old.

Events have moved rapidly since then. Given that new data from campaigns with several millions of vaccinated children have emerged, potential risks of rare but serious adverse reactions following vaccination for this age group can now be quantified more reliably. A study from the USA,² posted as a preprint on 30 August found that the risk of myocarditis within 5 days of the second dose of the vaccine is 2–6 times higher than the 120-day risk of hospitalisation in boys 12–17 without underlying medical conditions. An article from Israel³ published on 25 August 2021, involving almost one million vaccinated persons above 16 years of age, has concluded that vaccination was most strongly associated with an elevated risk of myocarditis (RR 3.24; 95% CI 1.55,12.44); the median age of persons with myocarditis was 25 years and 90.9% were male. Analysis of the US Vaccine Adverse Effects Reporting System for episodes of perimyocarditis following COVID-19 vaccination have revealed an increased rate of myocarditis in males 6–17 and 18–29 years old, which has led to the FDA revising the patient and provider fact sheets on 25 June 2021 for the mRNA vaccine due to increased risk of perimyocarditis.

In September 2021, the Norwegian Government has decided to follow the Norwegian Institute of Public Health's recommendation to offer only one dose of coronavirus vaccination to adolescents aged 12–15 years. The UK Joint Committee on Vaccination and Immunisation (JCVI) has also met in September 2021 to review increasingly robust evidence from the United Kingdom, United States and Canada of an association between vaccination with mRNA COVID-19 vaccines and myocarditis and has considered that the margin of benefit is too small to support advice on a universal programme of vaccination of otherwise healthy 12–15-year-old children at this time. Nevertheless, those 12–17-year-olds not covered by any

high-risk category, are offered in 3 out of 4 nations of the United Kingdom a single dose of mRNA COVID-19 vaccine. Finally, children aged 12–15 in Sweden are only eligible for COVID-19 vaccination under special conditions, such as belonging to a high-risk group or living with vulnerable people.

To summarise, we find ourselves wondering whether it is fair vaccinating all children. Should the two months follow-up required for emergency use authorisation be maintained instead of the one year period of study from vaccination, essential for full approval in clinical trials?

CONFLICT OF INTEREST

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Sergio Verd^{1,2} 

Marisa Fernández-Bernabeu³

Esther Cardo^{2,4}

¹*Pediatric Unit, La Vileta surgery, Department of Primary Care, Palma de Mallorca, Spain*

²*Balearic Islands Health Research Institute (IdISBa), Palma de Mallorca, Spain*

³*Department of Accidents & Emergency, Inca District Hospital, Inca, Spain*

⁴*Department of Pediatrics, Son Llatzer University Hospital, Palma de Mallorca, Spain*

Correspondence

Sergio Verd, Pediatric Unit, La Vileta surgery, Department of Primary Care, Matamusinos street, Palma de Mallorca 07013, Spain.

Email: drsverd@gmail.com

ORCID

Sergio Verd  <https://orcid.org/0000-0002-2612-0794>

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