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COVID-19 vaccine campaign has now opened up for children aged 5–11. How are kids going to live it?



Children are commonly scared about needles and pain related to vaccines injection. Vaccine sessions offer different distraction techniques as non-pharmacological interventions to reduce pain and fear in children, including Virtual reality and clown shows (Althumairi et al., 2021). However, children of today are also exposed to all the misleading information around vaccination against COVID-19 due to infodemia, causing confusion, additional stress, and possible vaccination refusal (World Health Organization, 2021). Parents play a crucial role in preparing their children for vaccination. However, studies report that parental hesitation to vaccinate children against COVID-19 is still high; moreover, parental anxiety about the side effects of COVID-19 vaccine has been found to be higher than for routine childhood vaccines (Goldman et al., 2021; Temsah et al., 2021). This hesitation may be felt by children and further interfere with the child's disposition at vaccine session. One of the activities suggested by WHO (2021) for infodemic management is listening to community concerns and questions. The age limit to grant decision-making competence around vaccination across Europe varies from 14 to 18 (Martakis et al., 2019). However, the success of a peaceful vaccination given to younger children without causing trauma and without resorting to holding a 11-year-old child will also depend on children's empowerment and engagement in the decision-making process (Ford et al., 2018).

Sometimes the vaccine appointments are tightly scheduled; parents and healthcare providers may decide that the child's best interests are served by getting the procedure completed as quickly as possible. However, it could be considered that, at this particular time, a space for age-appropriate information on the risks and benefits of vaccination could also be devoted to younger children. Nurses are engaged in frontline children vaccinations and have a pivotal role in providing suitable preparation before injection procedure. Other child-centered care activities could include motivating children to ask informed questions about the procedure, inviting the child to choose the arm to be elected for injection, the right moment for the procedure to be performed, or the choice of putting the band-aid or not. In order to identify approaches best suited to the specific needs of children in vaccination centres in a pandemic era, further studies should focus on exploring the reasons behind children's fears and refusal to be vaccinated. Results may provide stakeholders with useful data to better plan vaccination appointments and

tailor strategies to address children's hesitation about COVID-19 or other vaccinations.

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