

# VaxFacts

## for Parents

### Frequently Asked Questions about COVID-19 vaccines for kids

Health Canada has approved a kid-size dose of Pfizer’s COVID-19 vaccine for children ages 5 to 11 — and it’s normal to have questions. *The doctors at SHN’s VaxFacts Clinic are here to help give you answers.*

#### How has it been going so far with parents deciding to vaccinate their kids?

The good news is that most parents in Ontario are eager to get their children vaccinated. In Toronto, over 85% of children aged 12-17 have been fully vaccinated and over 90% have had one dose — so we’re optimistic that younger kids will also be vaccinated against COVID-19. Vaccinating young children is the biggest step on their path towards reclaiming the bliss and freedoms of childhood.

#### Why should parents have their children (ages 5-11) vaccinated?

There are many reasons for parents to vaccinate their young kids, including:

- This vaccine can eliminate four new diseases that affect children by preventing COVID-19 infection:
  1. Severe COVID-19, which is rarer in kids than adults, but still happens, especially in children with high-risk medical conditions.
  2. MIS-C (multisystem inflammatory syndrome in children), an inflammatory condition that happens in approximately one in every 3,000 COVID-19 infections in children and is most common in the 5-to-11-year age group.
  3. Long COVID, which is when children continue to suffer for months after mild infection. With long COVID children have some combination of symptoms including low energy, headaches, brain-fog, anxiety, depression, changes in sense of smell and taste that can continue for 6 months after infection.
  4. Mild COVID-19. No one knows which healthy children will develop severe COVID-19, MIS-C or long COVID, so preventing mild disease is equally important. No parent wants to worry as they watch their child develop symptoms and wonder if the symptoms will resolve quickly. Just like with influenza, sometimes healthy kids get severe disease. Currently, over 35% of active COVID-19 infections in Ontario are in school aged children.
- Vaccinations among this age group helps decrease COVID-19 transmission at home, school and in the community. Children are a link in the chain of transmission of infection, especially at

home, and even in settings where masks are being used. Children have always been known to be vectors of viral upper respiratory infections. Many families will have children that are still too young to be vaccinated. Children and infants under age 5 will still be at risk of the problems mentioned above and need protection from a circle of fully vaccinated family members.

- Vaccinating our children will also allow us to recapture the joy of school. Imagine children being able to pick different friends to sit with at lunch and sitting and working closely with other students. Imagine when kids can safely go back to school without masks. We should be able to eliminate cohorts and quadesters and different classes every two weeks and bring back all the healthy and invigorating after school activities. But we cannot even think about changing the public health policies in schools until we get high vaccine coverage rates in our children.

### **What do you tell parents who are still sitting on the fence?**

Parents want to keep their children safe, and will need to make careful, well-thought-out decisions using all the information that is available to them. This can seem overwhelming and scary when there is so much information available on the internet. But parents do not need to make this decision alone. Families should speak to a trusted healthcare provider if they have questions. We know that the overwhelming feeling for most parents, once their older children were vaccinated, was a sudden sense of relief.

The chance that your child will have a severe COVID-19 infection is rare; the chance that your child will have MIS-C (multisystem inflammatory syndrome in children) may also be unlikely. You may not know someone who has had a child admitted to the hospital with COVID-19. But what is even more rare is the chance that there will be a serious negative effect from the vaccine.

We must educate our families about the safety of COVID-19 vaccines. Over 5 billion doses of COVID-19 vaccines have been administered worldwide; we have a lot more real-world experience with COVID-19 vaccines now than we did at the start of 2021. The main side effects in young kids, just like for teens and adults, are a fever, headache, sore arm, muscle aches and tiredness. Children can be prepared for these side effects and can take Tylenol after their shot to ease these short-lasting symptoms.

Not vaccinating is a much higher risk than giving your child a vaccine.

### **Could my child get myocarditis?**

Many parents are worried about myocarditis (heart inflammation), but we now know this is exceedingly rare in 5-to-11-year-olds. There were zero cases of heart inflammation in this age group in the Pfizer study. Myocarditis, in general, occurs in older teens and young adults. We also know that myocarditis related to COVID-19 vaccines, in the very rare event it happens, is usually mild. Lastly, it is important to note that the COVID-19 virus itself is 16 times more likely to cause myocarditis than the vaccine.

### **Why is the vaccine dose smaller for children?**

Vaccines do not work like medications. Often, the same vaccine dose can be given to different age groups; however, in some cases, different versions of vaccines are available for different age groups. For example, the adult version of the hepatitis A vaccine contains a higher dose than the one for children. Children's immune systems very active and are able to respond well to low-dose vaccines. Younger age groups (age 6 months to 5 years old) may get a similar or even a lower dose.

### **Can the COVID-19 vaccine be given with other vaccines?**

The National Advisory Committee on Immunizations (NACI) has recommended that the COVID-19 vaccine for children 5-to-11-years-old should not be given at the same time with other vaccines. There should be a period of at least 14 days without other vaccines, before and after giving children 5 to 11 the COVID vaccine.

There may be some circumstances when giving the COVID-19 vaccine to children 5 to 11 at the same time as another vaccine (or at a shortened interval) may be warranted. Parents should speak with their healthcare provider if they have questions about this.

### **Can we wait to get our child vaccinated?**

It is important to remember that full immunity only develops two weeks after the second dose of the vaccine; so, there is urgency to protect children as soon as possible. Cold weather brings more indoor gatherings and more opportunities for COVID-19 transmission. We want to continue to have in-person learning, and vaccines are the best method to make schools as safe as possible. Vaccines are much more protective than masks alone.

### **Have vaccines been working?**

Canadians have done a terrific job in reducing the effects of the coronavirus with good isolation and hygiene practices, but it is our high vaccination rates that has made the biggest difference. Places with high vaccination rates have had the best health outcomes. Vaccines have successfully prevented serious illness in the vast majority of those who have received their injections. It is impossible to predict what the future holds, but the consensus by experts is that COVID-19 will become endemic (meaning there will be low level of the virus around forever). In the short term, we will continue to see infections, especially in the unvaccinated.

### **How can I get more information?**

You may have other questions about giving the COVID-19 vaccine to your children. You can speak to your family doctor, pediatrician or contact the VaxFacts Clinic for more information. To book a confidential, judgement-free phone call with a VaxFacts Clinic doctor, please visit [www.shn.ca/vaxfacts](http://www.shn.ca/vaxfacts) or call 416-438-2911 ext. 5738.