

Is it safe to vaccinate healthy children? And, if so, should the government get on with it?

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These are, in essence, the crucial questions the Joint Committee on Vaccination and Immunisation (JCVI) was asked to advise ministers on and on Friday it delivered its verdict: Yes, based on available evidence, the health benefits of [vaccinating healthy 12 to 15 year-olds](#) outweigh the risks, but only “marginally”. And, no, it is not worth vaccinating healthy children en masse because the benefit is small and the longer term risks are unknown.

The JCVI calculates that for every million children who are fully vaccinated, it would expect to see between 12 and 34 children presenting with myocarditis, a very rare but potentially fatal [swelling of the heart muscle](#) linked to the mRNA vaccines. On the other side of the equation, it would expect to see 2.5 fewer children per million in intensive care with Covid and 92 fewer being hospitalised with the virus.

“Overall, the committee is of the opinion that the benefits from vaccination are marginally greater than the potential known harms but... there is considerable uncertainty regarding the magnitude of the potential harms,” said the JCVI’s statement.

“The margin of benefit, based primarily on a health perspective, is considered too small to support advice on a universal programme of vaccination”.

There is clearly some tension building between the JCVI and the Government. If ministers were expecting a decision that went with the international consensus and helped with the effort to build up wider population immunity, this was not it.

“My initial reaction [is] that it was out of step with most other similar countries,” said Prof Christina Pagel, a member of Independent Sage. “And that they do not seem to have considered long Covid at all.”

Most big comparable nations are getting on with vaccinating children and have been for some time. In the US alone, more than 10 million children under 16 have already been vaccinated, while roughly half of teenagers in France, Spain and Italy have had a jab.

The US Centers for Disease Control and Prevention (CDC) said on Monday that there have been no vaccine related deaths recorded among children. Adverse reactions were rare and more common in boys than girls, it said.

Members of the JCVI stressed on Friday that its decision had been taken “on the basis of health alone”. Wider possible indirect benefits to children of vaccination, such as the avoidance of school closures, were considered outside of its remit.

In a neat Whitehall compromise, the JCVI added a sentence to its statement saying ministers might wish to ask the Chief Medical Officers (CMOs) of the four nations look further at these “wider societal and educational impacts”, should it be minded.

They immediately took the committee up on the offer and had Professor Chris Whitty and colleagues (all government employees) looking at the issue again even before the JCVI's statement was published.

“No, there's no precedent for this,” Prof Anthony Harnden, deputy chair of the JCVI, told journalists. “It's us as a committee, who feel we don't have the expertise to assess the educational side.”

It's unclear whether the CMOs will reach a radically different conclusion. They can look beyond health benefits alone but they too must confine themselves to benefits which accrue children rather than wider society, say officials.

Prof Harnden said the CMOs might run modelling to assess how many days of school might be saved if all children were vaccinated. This might start to shift the balance further in favour of vaccination but would such data really change parents' minds given the JCVI's conclusion?

Professor Adam Finn, a member of JCVI and chair of paediatrics at the University of Bristol, said inflammation of the heart muscle as a side effect of the vaccine was “rare” and children usually recover quickly from it.

But he added there is uncertainty around the “longer-term consequences” of the condition, and it is likely to be three to six months before that picture becomes clear.

The JCVI says in its statement that the “persistence of tissue damage resulting from inflammation” is a possibility.

It's also important to note that the JCVI has taken a different strategic approach to Covid vaccination than most other national regulators. It takes a “targeted” approach, picking off high risk groups wherever possible.

Its current recommendations mean that some 200,000 children with underlying conditions which make them especially vulnerable to Covid will receive vaccines – and receive them promptly.

Where such targeting of the most vulnerable is possible, there is no need for a broad brush approach, it says.

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