COVID-19 vaccination of children aged 6 months to 6 years

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Executive summary

Health Council of the Netherlands

The European Medicines Agency (EMA) has approved the use of the monovalent mRNA vaccines of BioNTech/Pfizer and Moderna as a primary vaccination in children from the age of 6 months. The Minister of Health, Welfare and Sport has asked the Health Council of the Netherlands whether there are patient groups among children aged 6 months to 6 years who are eligible for COVID-19 vaccination with an mRNA vaccine. The Sub-Committee on COVID-19 Vaccination has examined this request for advice based on the fixed criteria used by the Health Council in its advice on vaccinations.

Burden of disease limited in children aged 6 months to 6 years

Most children aged between 6 months and 6 years have a minimal risk of developing severe COVID-19. For children with serious underlying medical conditions, this risk is higher but still low in absolute terms. This includes, for example, children with Down's syndrome, heart disease, immune disorders or lung disease (other than asthma).

A rare but very serious complication of COVID-19 is the multisystem inflammatory syndrome in children (MIS-C), which can also occur in children without underlying medical conditions. However, this syndrome is rare in children under 6 years of age and has been observed much less frequently during the period dominated by Omicron than during periods when earlier variants of the virus were dominant. Since MIS-C is almost always observed during the first infection and hardly ever in case of a reinfection or after vaccination, the Sub-Committee expects only a limited number of children to be at risk of developing MIS-C due to infection with the Omicron variant. After all, most children have had a SARS-CoV-2 infection. Children may continue to have long-term symptoms following a severe course of COVID-19. However, there is not enough data available on the occurrence of this so-called post-COVID syndrome in children aged 6 months to 6 years.

Effective and safe vaccine

Scientific studies show that the immune response after vaccination with the BioNTech/Pfizer or Moderna vaccine in children aged between 6 months and 6 years is comparable to that in older children and adolescents. Based on the data for children aged 5 to 12 years, the Sub-Committee expects the protective effect to be short-lived. As of now, there are no large-scale studies demonstrating the extent to which vaccination actually protects children aged 6 months to 6 years against COVID-19 or severe COVID-19. According to the Sub-Committee, the experience gained so far with the vaccination of young children with the mRNA vaccines indicates that, although these vaccines are sufficiently safe, they do cause mild side effects such as pain at the injection site, fatigue and headaches. But these side effects are usually short-lived. To date, no cases of myocarditis/pericarditis or other unexpected

serious side effects have been reported from the United States, where approximately 1 million children aged 6 months to 6 years have been vaccinated with mRNA vaccines.

Health benefits in children at higher risk

The Sub-Committee believes that, for children aged 6 months to 6 years who are at a higher risk of developing a severe course of COVID-19, vaccination may result in immediate health benefits. The Sub-Committee expects the vaccination to protect them from hospitalisation. For children who are not at higher risk, vaccination offers fewer benefits.

Recommendations

The Sub-Committee recommends that COVID-19 vaccination should be offered only to children aged 6 months to 6 years who have a serious underlying medical condition. Based on current data, the Sub-Committee does not express a preference for either mRNA vaccine. In exceptional cases, vaccination of a child may be considered to offer indirect protection to a vulnerable person living in the same household who cannot be vaccinated. This may also indirectly benefit the child, for example, by reducing stress and social constraints. The Sub-Committee recommends that vaccinations should be made available in these cases as well.

The Sub-Committee stresses the importance of providing clear information to parents so that they can make a carefully considered decision and, if they choose to have their child vaccinated, give informed consent based on proper information. The Sub-Committee believes that the decision to vaccinate or not should not lead to exclusion from school/childcare or to any other form of social exclusion.

The Health Council of the Netherlands, established in 1902, is an independent scientific advisory body. Its remit is “to advise the government and Parliament on the current level of knowledge with respect to public health issues and health (services) research...” (Section 22, Health Act).
The Health Council receives most requests for advice from the Ministers of Health, Welfare and Sport, Infrastructure and Water Management, Social Affairs and Employment, and Agriculture, Nature and Food Quality. The Council can publish advisory reports on its own initiative. It usually does this in order to ask attention for developments or trends that are thought to be relevant to government policy.
Most Health Council reports are prepared by multidisciplinary committees of Dutch or, sometimes, foreign experts, appointed in a personal capacity.
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