



PPS-PIDSP Joint Position Statement on COVID-19 Vaccination for Children ages 5 to 11 years old

Vaccination of children ages 5-11 years has commenced in other parts of the world to protect all segments of the population. In the Philippines, the Food and Drug Administration (FDA) has recently issued an emergency use authorization (EUA) for the Pfizer-BioNTech vaccine against COVID-19 to be used among children ages 5-11 years old.

Although cases of COVID -19 in the pediatric age group remain less severe compared to older adults, children can still be hospitalized and even require admission to an intensive care unit. In the Philippines, around 3% of cases and 0.5% of mortalities of COVID-19 are among children aged 5 – 11 years old; a trend similar to that seen worldwide. Children may also be at risk of sequelae like multisystem inflammatory syndrome in children (MIS-C), a condition estimated to affect between 0.5% and 3.1% of all children diagnosed with SARS-CoV-2 infection and between 0.9% and 7.6% of hospitalized pediatric COVID-19 patients. They may also be at risk of developing so-called “long COVID” (post-acute COVID-19 syndrome). Children with certain underlying chronic medical conditions are known too to be at increased risk for severe COVID-19 disease, but evidence regarding clinical risk factors specific to the 5–11-year-old age group is limited.

Published data from randomized clinical trials for the Pfizer-BioNTech vaccine showed that a vaccination regimen consisting of two 10- μ g doses of the vaccine administered 21 days apart among 5–11-year-old had a favorable safety profile and antibody levels comparable to those in 16-to-25-year-olds. A vaccine efficacy of 90.7% (95% CI, 67.7 – 98.3) has formed the basis of approval for use of the vaccine in the Philippines and in other countries.

Safety data from United States surveillance showed that serious adverse events following

Pfizer-BioNTech vaccination in children ages 5–11 years occurred in 2% of recipients with fever and vomiting as the most frequently reported. Myocarditis, a very rare adverse event previously noted among younger age groups of vaccine recipients, showed a male predominance and mostly after dose 2 among children ages 5–11 years, similar to older age groups; myocarditis rates for males ages 5–11-years was also substantially lower than for males ages 12–15 and 16–17-years. In the latest Philippine safety data for the 12-17 age group, dizziness, injection site pain, pyrexia, increased blood pressure, and headache were the most commonly reported adverse reactions. There were two cases of reported myocarditis and one case of pericarditis, all of which have resolved, and causal link still needs to be established.

Based on an indication from a modelling data stated by the European Center for Disease Prevention and Control, vaccinating children aged 5-11 years old could reduce SARS-CoV-2 transmission in the whole population. Indirect benefits also include reducing the likelihood of school absence and closures, interference to social activities, and reducing stress on families affected by COVID-19 and its associated disruptions.

Therefore, the Philippine Pediatric Society (PPS) and the Pediatric Infectious Disease Society of the Philippines (PIDSP) reiterate its recommendation for the vaccination of age- appropriate groups, now including children ages 5-11 years old, against COVID-19 using duly-approved vaccines. With the rapid circulation of the Omicron variant, vaccine roll-out may be initiated in areas with reported heightened local transmission prioritizing eligible 5–11-year-old children who belong in the A3 (children with co-morbidities) and A1 (children of healthcare frontliners) category. For the implementing agencies of the vaccination program, due diligence must be applied to ensure vaccine equity and access.

References

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