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COVID-19 vaccination for children aged 5 to 11 years

A guide for parents, guardians and carers
Reproduced from a Victorian Government fact sheet

The Australian Technical Group on Immunisation (ATAGI) has approved the Pfizer COVID-19 vaccine for children between the ages of five and 11 years, the final approval for children to start receiving vaccination.

ATAGI recommends that vaccination in this age group is two doses, eight weeks apart. The interval can be shortened in special circumstances to a minimum of three weeks, such as in an outbreak response, prior to the initiation of significant immunosuppression or international travel.

Bookings will open from late December, with children set to get vaccinated from 10 January 2022.

COVID-19 vaccines are already being given to children aged 5 to 11 years in the United States (US) and Canada, with programs starting in Europe, Israel and elsewhere.

The Australian Technical Advisory Group on Immunisation (ATAGI) is continuing to review available evidence from clinical trials of the Pfizer vaccine in children and real-world data from the US vaccine rollout in this age group.

Approval is also being sought by Moderna vaccine to join the rollout for this age group.

WHAT WILL THE VACCINE ROLLOUT FOR CHILDREN LOOK LIKE?

Vaccines are planned to be available through participating general practices, pharmacies, Aboriginal Controlled Community Health Organisations and family-friendly state vaccination centres in Victoria.

Different pathways and supports will be available for children who may have mild anxiety about vaccination

or minor behavioural issues, as well as children with developmental disabilities, autism and/or sensory issues. There will also be hospital-based services available for children with more severe needle phobia by referral to the Victorian Specialist Immunisation Service.

WHAT ARE THE BENEFITS OF VACCINATING CHILDREN?

Benefit: Offering direct protection against COVID-19 infection and severe disease

- COVID-19 vaccination reduces the risk of infection and severity of illness.
- Some children with pre-existing medical conditions, such as obesity, Down syndrome or cerebral palsy, are at greater risk from COVID-19.
- Severe disease is uncommon but does occur in children, with less than two per cent of symptomatic children needing admission to hospital for treatment, usually for oxygen or fluids.
- In Australia, we have high vaccine coverage in adults and so COVID-19 infection has become more common in unvaccinated children and adolescents. The risk of severe disease and needing to go to hospital or dying is still much higher in older adults who are unvaccinated.
- Some children can also develop chronic symptoms, more than one or two months after COVID infection,



Kinship Care in the time of Coronavirus

called Long-COVID. This complication is not well understood but seems to be relatively rare, with most studies showing symptoms rarely occur beyond three months. Research is required to understand Long COVID better.

- There is also a rare syndrome after COVID-19 infection that is delayed and causes severe disease in children and can affect several organs and systems in the body, called Multisystem Inflammatory Syndrome in children (MIS-C).

Benefit: Reducing transmission within the household, community and education settings

- Children, including young children, can transmit COVID-19. Vaccination is expected to reduce the risk of transmission to other children and older age groups, including family members who may be at higher risk, such as grandparents.

Benefit: Minimising the need for education setting closures, travel rescheduling and subsequent negative indirect impacts

- The indirect or secondary benefit of reducing transmission and cases in early childhood education and care services and schools is that education settings are more likely to stay open, and children can have more face-to-face learning, time playing, engaging in different sporting activities and socialising with their friends.
- Children may also need to be vaccinated for international travel, so there is a need to ensure timeframes for vaccination are considered in travel departure planning.

ARE THERE ANY RISKS IN VACCINATING CHILDREN?

- The Pfizer vaccine is safe and effective to use for children between the ages of 5 and 11. In the Pfizer

vaccine clinical trial, there were no vaccine safety concerns and no serious side effects detected.

- All vaccines have side effects, like any other medicine. More serious side effects are very rare.
- Children can experience common and expected side effects after the Pfizer vaccines such as a sore arm, headache and fatigue. These usually only need treatment with paracetamol, and children rarely need to see a doctor for treatment.
- The majority of side effects after the vaccines occur early within the first 6-8 weeks, with no expected long-term side effects from the mRNA vaccines. Ongoing, robust vaccine safety surveillance will continue in the community in Australia through AusVaxSafety to constantly monitor for both common and serious side effects.
- There is no scientific evidence that vaccines impact fertility and none of the COVID-19 vaccines used in Australia cause sterilisation/infertility.

If you have questions about COVID-19 vaccination and your child, please discuss with your doctor or healthcare provider.

RESOURCES

- How to speak to kids about COVID-19 vaccines | Australian Government Department of Health
- Vaccine clinic finder
- <https://www.coronavirus.vic.gov.au/who-can-get-vaccinated>
- Talking to your child about COVID-19
- Royal Children's Hospital podcast
- Social scripts on what to expect when getting a COVID-19 vaccination
- VaxFacts COVID-19 questions asked and answered

For more information about COVID-19 vaccines for children and teenagers, check the state government DHHS website here:

<https://www.coronavirus.vic.gov.au/vaccination-information-children-and-teenagers>.



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