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Should children be vaccinated against Covid-19?

Press release from the National Academy of Medicine

November 15, 2021

Exposed to the 5th epidemic wave of Covid-19 which is spreading from east to west on the European continent, will the French population be sufficiently protected to escape a new saturation of hospital resources and intensive care beds?

Although the vaccine coverage rate of 75% is among the highest in the world, nearly 7 million people over the age of 12 remain unvaccinated, giving SARS-CoV-2 the chance to spread once again throughout the territory and generate thousands of contaminations. We must therefore expect an upsurge in severe forms and deaths, which will strike especially people vulnerable by their age or their co-morbidities, mainly those who have not yet been vaccinated.

In people at risk who have already been vaccinated, the administration of a booster dose six months after the second injection of the vaccine will prolong protection against severe forms, but it will have little impact on the circulation of the virus. Indeed, if the prevention of

severe forms persists for a long time, protection against contamination decreases in less than 6 months¹. But it is currently in the 20-50 age group that the highest incidence rates are observed.

Two complementary approaches could increase the vaccination coverage rate of the population above 90%, considered necessary to control the circulation of the Delta variant: (1) the establishment of a vaccination pass making compulsory the vaccination of elderly people. 12 years and over, recommended since May 2021 by the National Academy of Medicine², (2) the extension of vaccination to children aged 5 to 11, a measure already approved in the United States and Israel.

In France, the benefits / risks of vaccination of children against Covid-19 cannot be modeled on those taken into account in foreign countries, both individually and collectively. Must be distinguished :

the arguments in favor of the vaccination of children:

- the immunogenicity and safety profile of a vaccination schedule comprising 2 doses of 10 µg of BNT162b2 vaccine (BioNtech / Pfizer) 21 days apart were considered to be very satisfactory in children aged 5 to 11 in trial NCT04816643, with a vaccine efficacy rate of 90.7%³;
- the direct individual benefit linked to the prevention of serious cases, hospitalizations and prolonged forms of Covid-19, the frequency of which, lower in children, is however not negligible;
- the potential reduction in the circulation of the virus in the family circle of children and the indirect protection of people at risk who are part of them;
- the potential reduction in the circulation of the virus in primary education establishments, avoiding class closures, learning delays and social and economic costs for families;
- the possible drying up of the SARS-CoV-2 reservoir in the child population, from which new epidemic foci could emerge and new variants emerge.

2. the arguments against the vaccination of children:

- the number of children recruited in phase 2/3 clinical trials (1517 vaccinated vs. 751 with placebo), still very insufficient to detect possible severe and rare adverse events³;
- the rarity of severe forms of Covid-19 in children, except in those who are carriers of comorbidities (the main one being obesity, which is significantly more prevalent in the United States than in France in the child population);
- the ethical principle according to which the vaccination of children, who have little risk of developing severe forms of the disease, must not be used, in order to achieve collective immunity, to compensate for the refusal of vaccination of certain adults;
- the speculative advantage of a strategy allowing natural immunity to develop in the population while allowing the virus to circulate in the groups least at risk of severe forms of Covid-19.

Pending additional information to confirm the good tolerance of the vaccine in children, the National Academy of Medicine recommends:

- extend immunization against Covid-19 by the BNT162b2 vaccine to children at risk of severe forms due to comorbidities, regardless of their age, as well as to other children living in their family and school environment;
- to vaccinate children living in the entourage of vulnerable adults, in particular the immunocompromised and people with chronic diseases;
- strengthen the prevention of transmission in schools by maintaining barrier measures, regular ventilation of the premises and the periodic use of screening tests.

References :

1. Tartof SY et al. Effectiveness of mRNA BNT162b2 COVID-19 vaccine up to 6 months in a large integrated health system in the USA: a retrospective cohort study. *Lancet*. 2021, 16 ; 398 (10309) : 1407-16.
2. Press release from the National Academy of Medicine: "" Obligation "is not a bad word when it comes to vaccinating against Covid-19", May 25, 2021
3. Walter EB et al. Evaluation of the BNT162b2 Covid-19 Vaccine in Children 5 to 11 Years of Age. *N Engl J Med*, 2021 Nov 9. doi: 10.1056/NEJMoa2116298.