## COVID-19 : Why vaccinating children may be crucial

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## <u>Health</u>

Vaccinating children will protect them against post-infectious conditions such as multisystem inflammatory syndrome; reduce risk of infection in adults

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Vaccinating children against the novel coronavirus disease (COVID-19) assumes significance in the wake of the <u>vaccine trials</u> that have recently kicked off. The idea gets supplemented by the fact that vaccinating kids has both direct and indirect benefits.

Vaccinating children will protect them against post-infectious conditions such as multisystem inflammatory syndrome (MIS-C), a condition associated with symptoms ranging from severe abdominal pain to organ damage.

It is argued that chances of infection in children can be reduced if they practise social distancing, wear masks and avoid gatherings; but their parents and older adults could still be at risk. Vaccinating them will reduce the risk of their caretakers getting infected.

The number of cases in children is lower than those in the adult population; but it needs to be understood that in the past, the diseases for which vaccine were recommended saw fewer deaths in children — until they became widely used. This was seen in the case of <u>hepatitis A, varicella, rubella and rotavirus</u> in the past.

Children in India get vaccinated under the immunisation program introduced in 1978 as Expanded Program of Immunization (EPI). This programme was subsequently renamed Universal Immunization programme (UPI) and became part of the Child Survival and Safe Motherhood Programme in 1992.

Children are immunised under UPI for diphtheria, pertussis, tetanus, polio, measles, tuberculosis and hepatitis B, haemophilus and diarrhoea. Since 1997, immunisation activities have been an integral component of National Reproductive and Child Health Programme and one of the key areas under <u>National Rural Health Mission (NRHM)</u> *since 2005*.

Vaccinating minors for COVID-19 too soon, however, also runs the risk of exposing them to possible health hazards. The medical and scientific fraternity need to take into account the process of enrolling minors in vaccine trials for COVID-19.

The root of the issue is acquiring consent from their parents or legal guardian; inspiration can be drawn from <u>the measles vaccination campaigns</u>, specifically with the parents' decisions by ensuring trust through education campaigns and vaccination mandates to advance public health goals.

Trials should start with adolescents and older children to ensure safety; younger children aged between 0 and 12 years should be left out for now. <u>Multiple studies</u> suggest that older adolescents have a capacity to understand clinical trials.

To minimise risks, enrolment should begin with a small number of older and healthy adolescents. Consequently, if no safety concerns are identified in this subgroup, the trial should proceed to include a larger group of older adolescents and finally, younger children.

Adopting an approach of age de-escalating trials will help minimise risks and evaluate immune responses that will help reduce the general anxieties surrounding the possible devastating effects of the third wave.

There is a bigger merit in considering vaccination for children by referring to other <u>countries</u> — including the United States, Singapore, Japan, Dubai and Europe — which have allowed children aged above 12 to get vaccinated through the doses supplied by Pfizer-Bion Tech, Moderna and Sino pharm.

In India, too, various vaccine firms have started similar experiments.

*Views expressed are the author's own and don't necessarily reflect those of* Down To Earth

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