

Covid-19 & Vaccination of 12- to 15-Year-Olds in the UK

Questions for Guardians

This article is intended to raise awareness of some of the issues related to Covid-19 (C19) and vaccination of 12- to 15-year-olds. It is aimed at guardians and children who may not have a broad awareness and understanding of such issues. Several pertinent questions are posed to help direct further independent research and to deepen understanding of issues related to both the virus and vaccination. The URL links/references provided here are by no means a definitive and/or exhaustive list. They are, as just stated, intended to initiate, and motivate the reader to carry out further independent research. This is the purpose of this article and should not be confused with advocating for or against vaccination. No content here should ever be used as a substitute for direct medical advice from your doctor or other qualified clinician.

1. *How lethal is C19 in the different age groups?*

The Infection Fatality Rate (IFR) and Case Fatality Rate (CFR) are important values in trying to understand how lethal C19 is and how we should respond to it. Understanding the vulnerability of specific populations helps public health bodies and individuals make better decisions with respect to how to deal with the virus and what actions to take regarding vaccination.

A study published in the European Journal of Epidemiology reported that the estimated age specific IFR is very low for children and younger adults (e.g., 0.002% at age 10 and 0.01% at age 25) but increases progressively to 0.4% at age 55, 1.4% at age 65, 4.6% at age 75, and 15% at age 85. An IFR of 0.002% means 2 in 100,000 people or 1 in 50,000. Data from Public Health England shows CFR (case fatality rate) among those aged under 20 years old has remained very low since December 2020, given most of this population is unvaccinated, with 1 death per 25,000 cases in June 2021.

Furthermore, the ONS (Office for National Statistics, UK) has reported 25 deaths attributed to C19 from January 3rd, 2020 to October 1st, 2021 in children aged 0 to 14 years. For context, under 16s represent about 18% of the total population of the UK (~68 million) which equates to about 12 million children under the age of 16 in the UK. So roughly speaking, there have been 25 deaths from C19 in a population of around 12 million children over a period of 21 months (overall mortality rate of 2 per million). Those living with multiple chronic illnesses and neuro-disabilities were most at risk, though the overall risk remained low.

<https://pubmed.ncbi.nlm.nih.gov/33289900/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7260492/>

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales>

<https://www.gov.uk/government/publications/covid-19-reported-sars-cov-2-deaths-in-england/covid-19-confirmed-deaths-in-england-to-31-august-2021-report>

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/january2021>

<https://www.medrxiv.org/content/10.1101/2021.07.07.21259779v1>

2. *What do you know about the issue of co-morbidities in C19?*

Underlying health conditions can make an individual more susceptible to being hospitalised or dying from C19 infection. A recent retrospective cohort study (March 2020 to March 2021) from the CDC (US Centre for Disease Control) of 540,677 hospitalised patients with C19 showed that 95% of patients had at least one pre-existing medical condition. Such conditions included obesity, hypertension (high blood pressure), and diabetes.

https://www.cdc.gov/pcd/issues/2021/21_0123.htm

3. *What do you know about “Long Covid”?*

Long Covid is the collective term to denote persistence of symptoms in those who have recovered from C19 infection. Recent ONS data shows that the issue of long covid in children may not be as problematic as originally thought. A study found that most children who have C19 have few symptoms that usually do not persist for long. Experts said the findings were reassuring for the majority of young people, and reflected what Paediatricians were seeing in clinical practice. A study in *The Lancet Child & Adolescent Health*, found that symptomatic children who received a positive PCR test for C19 typically got better after 6 days, and only 4.4% experienced symptoms later than 4 weeks.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8056514/>

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00198-X/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00198-X/fulltext)

<https://www.medscape.com/viewarticle/955959>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/technicalarticleupdatedestimatesoftheprevalenceofpostacutesymptomsamongpeoplewithcoronaviruscovid19intheuk/26april2020to1august2021>

<https://blog.ons.gov.uk/2021/09/16/how-common-is-long-covid-that-depends-on-how-you-measure-it/>

4. *What are the significant side-effects of C19 vaccines?*

Cerebral Venous Sinus Thrombosis with concurrent low platelets - The Medicine and Healthcare Products Regulatory Agency (MHRA) has undertaken a thorough review into UK reports of blood clotting in the brain with the Oxford/AstraZeneca vaccine. There is a higher reported incidence rate in younger adults following the first dose (higher in females).

Myocarditis and Pericarditis (Inflammation of the heart) - reports following vaccination with the Pfizer/BioNTech and Moderna vaccines (observed more frequently in young males and shortly after the second dose).

Guillain-Barre Syndrome - Inflammation of the nerves leading to numbness, weakness, and pain, usually in the feet, hands, and limbs. Can spread to the chest and face.

Bell's Palsy (Facial Paralysis) – The MHRA continues to review.

Capillary Leak Syndrome - A condition where fluid leaks from the small blood vessels into the body. This results in a sharp drop in blood pressure that, if not treated, can lead to organ failure and death. The MHRA is advising that the Oxford/AstraZeneca vaccine is not used in people who have previously experienced this syndrome.

Menstrual disorders and unexpected vaginal bleeding - The MHRA continues to review.

Death - The MHRA has received 552 UK reports with the Pfizer/BioNTech vaccine, 1,097 reports with Oxford/AstraZeneca, 19 for Moderna, and 30 where the brand of vaccine was unspecified. Most of these reports were in elderly people or people with underlying illness.

* The MHRA is the executive Agency of the Department of Health and Social Care that acts to protect and promote public health and patient safety, by ensuring that medicines and medical devices meet appropriate standards of safety, quality, and efficacy.

Obviously, there is no data yet for the 12- to 15-year-old group in the UK. However, this age group has been vaccinated in other countries. Denmark (12 to 15-year-olds) and Spain (12 to 19-year-olds) have both now vaccinated most of their child population with at least a single dose. Other countries include the US, Canada, France, Germany, Sweden, Norway, Israel, and China. Data from the US, where millions of young teenagers have been vaccinated, suggests there are 60 cases of the heart condition for every million second doses given to 12 to 17-year-old boys (compared to eight in one million girls).

It is also worth remembering that there are no long-term safety data for any of these gene-based C19 vaccines in humans yet. In other words, we have no idea what these products will do in the body months or years from now - for ANY population.

<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions>

<https://yellowcard.mhra.gov.uk/>

5. Are you aware of a potential link between inadvertent intravenous injection of the Pfizer/BioNTech vaccine and heart inflammation?

This is explained further in the YouTube links below but to summarise briefly here, there is a hypothesis that if the vaccine (Pfizer/BioNTech) is accidentally/inadvertently injected into a vein rather than muscle, it may induce myopericarditis (heart inflammation). This may partially explain some of the reports of heart inflammation in some recipients of the Pfizer vaccine. This has not yet been proven in humans for obvious ethical reasons but has been shown *in vivo* (in a mouse model). In these series of videos, Dr John Campbell states the need for aspiration during intramuscular injection of vaccine to potentially prevent this significant issue of heart inflammation. Aspiration is commonly performed during an intramuscular (IM) or subcutaneous (SC) injection and is meant to

ensure that the needle tip is located at the desired site and has not accidentally punctured a blood vessel. However, for reasons unclear, the CDC, World Health Organisation, and Public Health England are not recommending this practice. It is your right to ask or demand that this simple practice is done if you choose to take the vaccine. It is recommended to watch the following series of videos to help you make your own informed decision regarding this issue.

<https://www.youtube.com/watch?v=nBaIRm4610o>

<https://www.youtube.com/watch?v=KgVsd6qoyU4>

<https://www.youtube.com/watch?v=MXcddiS32s0>

<https://www.youtube.com/watch?v=hbjuWs99CrE>

<https://pubmed.ncbi.nlm.nih.gov/34406358/>

6. *Is the risk-benefit ratio of these C19 vaccines acceptable in 12- to 15-year-old children?*

Are you more likely to be harmed by the vaccine or by infection with the C19 virus? This is a particularly important question for children and young adults who have a low IFR/CFR for C19. Initially, the Joint Committee on Vaccination and Immunisation, UK (JCVI) decided not to go ahead with the vaccination of the 12- to 15-year-old group but this was later over-ruled by the UK government. It is worth noting that the Health Protection (Vaccination) Regulations 2009, place a legal requirement on the Secretary of State for Health to accept the JCVI recommendations when it comes to national vaccination programmes. Although in this instance, the law was not applied. The JCVI said children were at such a low risk from the virus that jabs would offer only a marginal benefit. Their decision was based on concern over the issue of heart inflammation with the Pfizer and Moderna vaccines (discussed above). The JCVI have, however, advised the vaccine for children with blood cancers, sickle cell anaemia, type 1 diabetes, congenital heart disease, children with poorly controlled asthma, severe neuro-disabilities, down syndrome, and severely weakened immune systems.

<https://www.gov.uk/government/publications/jcvi-statement-september-2021-covid-19-vaccination-of-children-aged-12-to-15-years/jcvi-statement-on-covid-19-vaccination-of-children-aged-12-to-15-years-3-september-2021>

<https://www.legislation.gov.uk/uksi/2009/38/contents/made>

<https://www.bbc.co.uk/news/health-58438669>

<https://www.bbc.com/news/uk-wales-58785736>

7. *What do you know about naturally acquired immunity after C19 infection?*

29 scientific studies have reported both durable/long-lasting and broad immunity after natural infection with C19. Medical doctors and scientists are currently debating the need for vaccination in previously infected individuals who have recovered. The natural immunity debate is not suggesting people should try to acquire natural immunity by deliberately getting infected; It is about those who have already recovered from C19.

<https://brownstone.org/articles/natural-immunity-and-covid-19-twenty-nine-scientific-studies-to-share-with-employers-health-officials-and-politicians/>

<https://www.nih.gov/news-events/nih-research-matters/lasting-immunity-found-after-recovery-covid-19>

<https://www.nature.com/articles/d41586-021-01442-9>

8. *Are you aware of the issue of bullying, peer pressure and coercion?*

Head teachers and teachers should be aware of this issue. There have been reports from some pupils of name-calling/bullying by peers and even some teachers. Terms such as “anti-vaxxer” are being directed at pupils who are genuinely scared, anxious, and confused about the current situation and unsure about what decision to make. This name-calling is totally unacceptable and is a form of coercion. Schools should educate pupils (and teachers) about this unacceptable behaviour. The term “anti-vaxxer” (as opposed to “pro-vaxxer”) is a false dichotomy (a logical fallacy). It is worth remembering that, while there are many individuals (including medical doctors and medical scientists with significant experience and knowledge) who have previously had “traditional” vaccines (required to travel to certain countries, to work in certain hazardous environments, or routine childhood vaccinations), these same individuals may have doubts and reservations about these gene-based vaccines. There are many and varied individual reasons for choosing not to be vaccinated with them. Reasons that can be justified scientifically, medically, and ethically. It is also worth remembering that “traditional” vaccines (which use whole, dead or inactivated/attenuated virus) are NOT the same as the current C19 vaccines which, as already stated, are gene based. The use of the term “anti-vaxxer” is therefore inaccurate, ignorant, divisive, and coercive and is unhelpful in the current discourse. It should be avoided, especially at a time when it is imperative that guardians come together to discuss openly, rationally, and logically for the sake of the children. Lastly, if children (or guardians) are not aware of the questions and points raised in this article, it is very difficult to imagine that their decision-making is fully informed. It is therefore vital that these questions/points be discussed and independently researched further so that a more *informed* and *balanced* decision can be made with respect to vaccinations. Families are being urged to discuss the pros and cons of vaccination and, if there is any disagreement, 12 to 15-year-olds can give consent for themselves if they are judged to be Gillick-competent to decide.

Additional References

There are several other databases where you can find raw data on C19 and vaccinations:

<https://coronavirus.data.gov.uk/>

<https://ourworldindata.org/coronavirus/country/united-kingdom>

<https://coronavirus.jhu.edu/map.html>

<https://covid19.who.int/>

What is Gillick competence? <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4962726/>

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