



We understand that some parents and carers have concerns about COVID-19 vaccinations for children and young people. We have listened carefully to their worries and, in partnership with the UK Health Security Agency (UKSHA), NHS England and the Department of Health and Social Care, we have sought to provide some reassurance and clarification below, including for children who are clinically vulnerable.

Our priority is for the delivery of face-to-face, high-quality education to all pupils and students. We are confident that vaccinating children and young people will increase their protection against COVID-19 and will reduce the need for them to have time away from education.

Why should my child get vaccinated?

Vaccines remain our best weapon against this virus. By getting vaccinated, children and young people can increase their protection against Covid-19.

Being vaccinated minimises the need for children and young people to have time-off school and college and helps them to continue to carry out their hobbies, attend social events and live their lives to the full. It therefore supports their emotional wellbeing and happiness.

While most children infected usually have mild symptoms from COVID-19 some may go on to develop more serious symptoms including 'long Covid'. Doctors are still learning about these long-term effects but we know that vaccination helps to protect against these risks.

Which children and young people are eligible for vaccinations?

All young people aged 12 and over are eligible for two doses of the coronavirus (COVID-19) vaccine.

Those aged 12 to 15 who are at higher clinical risk, or who live with someone who is immunosuppressed can also receive a booster dose. The first two doses should be eight weeks apart, followed by a booster from three months (91 days) after second dose.

From April 2022, a non-urgent offer of vaccination will be made available to all healthy 5-11s so parents can, if they want, take up the offer to increase protection against potential future waves of COVID-19 as we learn to live with this virus.

Since January 31 2022, children aged 5 to 11 years who are at higher clinical risk, or who live with someone who is immunosuppressed, have been eligible for two 10 microgram doses of the Pfizer vaccine 8 weeks apart. If your child is eligible your local NHS team will be in touch. For more information you can read the guide for parents here: [COVID-19 vaccination guide for parents of](#)

[children aged 5 to 11 years](#); and the recent announcement here [NHS expands COVID vaccinations to the most vulnerable 5 to 11 year olds](#).

The description of higher clinical risk is set out in the [UK Health Security Agency \(UKHSA\) Green Book](#). This includes those with:

- severe neurodisabilities
- immunosuppression – those whose immune systems don't work as well and also those who live with someone who is immunosuppressed
- profound and multiple or severe learning disabilities
- being on the learning disability register
- those living with Down's syndrome
- those living with long term serious conditions affecting your body.

If you are unsure, your GP (family doctor) or specialist should advise you about the COVID-19 vaccinations for your child. Some parents may receive a letter, or a phone call to invite them to make an appointment for their child to be vaccinated.

12 to 15 year olds who had a severely weakened immune system at the time of their first or second COVID-19 vaccination dose are advised by JCVI to receive a third primary vaccination dose as part of their primary course, and a subsequent booster (their fourth dose). The third primary dose should be offered at least 8 weeks following their second dose, unless the letter from your GP or hospital consultant says otherwise. The timing of the subsequent booster dose should be advised by your GP or hospital specialist (typically at least three months after the third primary dose). Further guidance on this is here: [Joint Committee on Vaccination and Immunisation \(JCVI\) advice on third primary dose vaccination - GOV.UK \(www.gov.uk\)](#)

The table below sets out eligibility for children and young people:

| Age | Eligibility |
|------|--|
| 5-11 | <ul style="list-style-type: none">• 2 primary doses to those at higher clinical risk, or who live with someone who is immunosuppressed.• For info:<ul style="list-style-type: none">• Children aged 5 to 11, who are in a clinical risk group or who are a household contact of someone (of any age) who is immunosuppressed, should be offered a primary course of COVID-19 vaccination.• Primary course vaccination for these children should be with two 10-microgram doses of the Pfizer-BioNTech COVID-19 vaccine, with an interval of 8 weeks between the first and second doses.• A non-urgent offer of two vaccine doses will be made available to all children aged five to eleven who are not at clinical risk from April 2022. |

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|-------|--|
| 12-15 | <ul style="list-style-type: none"> • All eligible for 2 primary doses. • Those aged 12-15 in a clinical risk group or who are household contacts of the immunosuppressed will have a dose interval of at least 8 weeks between the first and second doses. • A booster dose is also offered to those in a clinical risk group, or who live with someone who is. This should be at least 12 weeks after the second primary dose. • Those aged 12-15 who are not in a clinical risk group will have a dose interval of at least 12 weeks between the first and second doses. • A third primary dose and booster dose may be offered to those deemed severely immunosuppressed at the time of their first or second primary dose. • The JCVI advised on 21 February 2022 that a spring booster (a second booster) should be offered, around six months after the last vaccine dose, to individuals aged 12 years and over who are immunosuppressed. |
| 16-17 | <ul style="list-style-type: none"> • All eligible for 2 primary doses and a booster. • Those aged 16-17 in a clinical risk group or who are household contacts of the immunosuppressed will have a dose interval of at least 8 weeks between the first and second doses. • Those aged 16-17 who are not in a clinical risk group will have a dose interval of at least 12 weeks between the first and second doses. • A third primary dose may also be offered to those deemed severely immunosuppressed at the time of their first or second primary dose. • A booster dose is also offered to those aged 16-17. This should be at least 12 weeks after the second primary dose (or third primary dose as applicable). • The JCVI advised on 21 February 2022 that a spring booster (a second booster) should be offered, around six months after the last vaccine dose, to individuals aged 12 years and over who are immunosuppressed. |

How can my child get a vaccine?

Getting a vaccine is free and takes just a few minutes. 12 to 15-year-olds can get their first or second dose of the vaccine in school when their local NHS vaccination team visit, or outside of school if they prefer.

Eligible 12 to 17 year olds can book an appointment through the [National Booking Service](#) and there are **hundreds** of convenient sites across the country, including community pharmacies, GPs and large vaccination centres. Walk-in centres are also available.

Children aged 5 to 11 years who are at higher clinical risk, or who live with someone who is immunosuppressed, will be contacted by their local NHS team to be offered a first dose of the

vaccine. They will be eligible for a second dose eight weeks after their first. All of these eligible children aged five to eleven will be offered two 10 microgram doses of the paediatric Pfizer COVID-19 vaccine, with at least eight weeks between doses.

From April 2022, a non-urgent offer of COVID-19 vaccination will be made available to all children aged five to eleven who are not at clinical risk, using the paediatric Pfizer COVID-19 vaccination with at least twelve weeks between doses.

NHS leaflets provide more information for parents and young people on the vaccine, including how it works and what to expect after COVID-19 vaccination:

- [children aged 5 to 11 years](#); information for parents of eligible at risk children and those who are household contacts of the immunosuppressed and who are aged five to eleven on COVID-19 vaccination.
- [children and young people aged 12 to 17](#); information for children and young people aged 12 to 17 years on COVID-19 vaccination.
- [COVID-19 Vaccination programme for children and young people – guidance for parents](#)

It is not too late for a first vaccine, so we urge all who have not yet come forward to do so – to get the best protection for themselves, for their families and their communities.

Where do children's vaccinations happen?

12-to-15 year olds' first and second COVID-19 vaccinations continue in schools. Additionally, they can also get their first or second dose of the vaccine outside of school if they prefer, making it even easier for them to get protected.

These can be booked through the [National Booking Service](#), or by calling 119. The National Booking Service includes hundreds of convenient, established sites across the country such as community pharmacies, GPs and large vaccination centres.

Children and young people can also get vaccinated at some of the many convenient local [walk-in vaccination sites](#) which do not require an appointment or an NHS number. However, not every vaccination site is currently available for 12- to-15 year olds. More sites will become available over time so please check the walk-in website regularly before attending.

For 12-15 year olds who are at higher clinical risk

12-to-15 year olds who are at higher clinical risk can get a second dose 8 weeks after a first dose. To arrange this, parents should contact their GP surgery or consultant to obtain a letter which confirms their child's eligibility, which they can take to a [walk-in vaccination site](#) offering vaccinations to this age group.

Many local clinical commissioning groups (CCGs) and local authorities (LAs) publish information on walk-in and pop-up vaccination sites availability, including special quiet sessions or sessions for those who have learning disabilities, or where reasonable adjustments need to be made.

The NHS encourages parents, or those with parental responsibilities, to attend out-of-school vaccination appointments with their child as, unlike vaccinations in schools, consent is collected on

the day so this is the best way to make sure they can be vaccinated by going through questions together on site.

What about for children who are immunosuppressed?

12 to 15 year old children who are severely immunosuppressed usually will be contacted by their GP or hospital specialist to receive their third primary and subsequent booster vaccination.

The GP or hospital specialist can alternatively issue a referral letter which the young person and their parent/ guardian can take to a local vaccination walk-in site which offers vaccinations to 12-15 year olds to receive their third primary or booster vaccination. The referral letter provides evidence of their eligibility, and for their booster information about its appropriate timing following the third dose.

Severely immunosuppressed people who haven't received an invitation for their third dose or booster vaccination, or a referral letter, may wish to speak to their doctor or consultant and arrange a vaccine with them or request a referral letter to take to another vaccination site.

Severely immunosuppressed 12 to 15 year olds may also get their third dose at a walk-in site when they present evidence about their condition or medication that will allow on-site clinicians to make an assessment of their eligibility. Evidence may include recent hospital letters that describe the condition or treatment that caused the child to have a severely weakened immune system at the time of the first or second dose, or a prescription or medicine box with their name and date when the medicine was prescribed. Sites who are offering this service will have indicated 'third dose availability' under their profile on the walk-in vaccination site finder and must also have indicated availability for this age group.

Is the vaccine safe? My child takes other medication and I am worried about how their current medication will interact with the vaccine.

Yes. Serious allergic reactions to vaccination are very rare but tend to happen within a few minutes of the injection. Vaccination teams are trained to spot and manage allergic reactions and all children with allergies will be observed for 15 minutes. This includes school vaccination teams.

If you have concerns your GP (family doctor) should be able to check if your child should get the COVID-19 vaccine.

If you have further questions about potential vaccine side-effects, please refer to the guidance: [A guide for parents of children aged 5 to 11 years of age at high risk - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/a-guide-for-parents-of-children-aged-5-to-11-years-of-age-at-high-risk)

Why is Moderna not being offered to under 18s in the UK?

- The medicines regulator, the Medicines and Healthcare products Regulatory Agency (MHRA) has authorised Pfizer/BioNTech vaccine for children and younger people aged five- to 17-year-olds and the Moderna vaccine for 12-17 year olds. This followed rigorous reviews of the safety, quality and effectiveness of the vaccines for these age groups.
- The current advice from JCVI is that Pfizer is the preferred COVID-19 vaccine for those aged under 18, due to a lower reported rate of myocarditis, compared to Moderna.

- JCVI has seen fuller safety data for Pfizer vaccinations for this age group at this point in time. Pfizer therefore remains the preferred vaccine.
- This follows a stringent and rigorous review of the safety, quality, and effectiveness of the vaccine in this age group by the MHRA and the Government's expert independent advisory body, the Commission on Human Medicines (CHM).

Children and young people 12+

- Following a rigorous review of the safety, quality and effectiveness of the vaccines in this age group the medicines regulator, the Medicines and Healthcare products Regulatory Agency (MHRA), has confirmed the vaccine is safe and effective for 12-to-17 year olds.
- The UK has benefited from having data from the US, Canada and Israel, which have already offered vaccines universally to young people aged 12 to 15 years. These NHS videos explain this in more detail:
- <https://twitter.com/DHSCgovuk/status/1434441175281274890>
- <https://twitter.com/DHSCgovuk/status/1405246298320637960>
- To see guidance for parents on the vaccinations programme for children and young people aged 12 and over issued by the UK Health Security Agency (UKHSA) and the NHS, please click [here](#).

Which vaccination will be offered to children aged five to eleven?

- They will be offered 2 x 10-microgram doses of the Pfizer COVID-19 paediatric vaccine, which is a third of the strength of the adult dose.
- Following the decision to vaccinate at risk children aged five to eleven, the Medicines and Healthcare products Regulatory Agency (MHRA) liaised closely with other international regulators and public health bodies and carefully considered global data on use in children aged five to eleven. It found that an overwhelming majority of side effects related to mild symptoms.

How are you encouraging COVID-19 vaccine uptake in at-risk children aged five to eleven?

- National invitation letters have been sent to those with parental responsibility for eligible children and young people (w/c 31 January 2022)
- We asked practices to, with immediate effect, run local searches to identify eligible children, and the vast majority have now been invited to book an appointment by their practice/CCG
- In addition, we asked practices to write to their immunosuppressed patients advising them that any household contacts aged five to eleven should also be contacted
- Where practices were not participating in the vaccination of this cohort, we asked them to provide lists to their local partners

- We have Single Points of Contact in place in each ICS/STP to help resolve any issues in booking an appointment
- A detailed action plan is in place to help increase uptake including
 - Further comms and engagement work including with paediatricians/hospital teams
 - Further workforce support
 - On-going monitoring of uptake by local systems so that support can be put in place

I worry that there is not enough long-term data about the vaccine and its effects. What reassurance can you give me?

Contracting COVID-19 presents a risk to a small proportion of children and young people, in particular those with underlying conditions. The burden of long-term effects from COVID-19 in children remain under investigation.

Having the vaccine makes your child less likely to catch and get very ill from COVID-19.

All vaccines have had 3 stages of clinical trials and were tested on tens of thousands of people around the world. The trial phases were run in parallel, speeding up the overall time of vaccine production, but not the critical research time. Since December 2020 the Pfizer vaccine has been given to millions of people in the UK and has an excellent safety record.

The experience reported in under 18s is similar to that identified in the general population and review of these reports does not raise any additional safety concerns specific to this age group.

The Medicines and Healthcare products Regulatory Agency (MHRA) closely monitor any adverse drug reactions to approved COVID-19 vaccines, and produce a [weekly report](#).

What additional support is there for children with SEND whilst they get vaccinated? Are home visits available / are vaccination staff trained to accommodate any additional needs they may have?

If you or your children are at higher risk from COVID-19, struggle with standing or have additional needs, the NHS can help to reduce your wait. Priority access will be given to those who are pregnant, severely immunosuppressed people, those who are vulnerable and their carers. Let staff at a vaccination site know and they will be able to help you.

[Easy-read guides for adults](#) and [Easy Read guide for children and young people](#) providing information on coronavirus (COVID-19) and vaccination have been published for individual and families.

The NHS have worked with the UK Health Security Agency (UKHSA) and other partners to ensure all vaccination offers take consideration of the communication and access needs for individuals and their families. Advice, training and guidance has been given to all vaccination sites and practitioners to ensure best practice and a positive patient experience. This includes guidance on supporting people with disabilities and making reasonable adjustments.

Individuals and families are encouraged to raise any need for a reasonable adjustment ahead of their vaccination appointments.

There have also been other initiatives including local public webinars for autism and learning disability groups and family events at walk-ins and pop-ups to enable families to get vaccinated together. Please look at your local NHS provider website to find out more.

My child is scared of needles. Are there alternative options to the vaccine, or adjustments that can be put in place to make them feel at ease?

There is currently no nasal spray COVID-19 vaccine approved for use in the UK.

Your child (or you) should tell the person who delivering the injection about their worries. They may be able to answer any specific questions and make adjustments to help make the process easier.

The following leaflet explains more about needle phobia and provides practical advice on how to overcome it [Overcoming your fear of needles.doc \(guysandstthomas.nhs.uk\)](https://www.guysandstthomas.nhs.uk/overcoming-your-fear-of-needles).