

# P-06-1252 Calling on the Welsh Government not to vaccinate children 12 years and younger against COVID-19

Y Pwyllgor Deisebau | 23 Mai 2022  
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Reference: SR22/2201-7

Petition Number: [P-06-1252](#)

**Petition title:** Calling on the Welsh Government not to vaccinate children 12 years and younger against COVID-19

**Text of petition:**

Healthy children are at low risk from COVID-19 yet face known and unknown risks from COVID-19 vaccines. Rare, but serious, adverse events and deaths are being reported to monitoring systems around the world. Official guidance is updated as the side-effects become more apparent. Giving COVID-19 vaccines to healthy children to protect adults is unethical and unjustifiable. The Government has an ethical duty to act with caution and proportionality.



## Background

The Welsh Government takes its advice on immunisation from the [Joint Committee on Vaccination and Immunisation \(JCVI\)](#), which advises all four UK health departments. This includes advice on use of COVID-19 vaccines.

On 22 December 2021, the [JCVI advised](#) that children aged 5 to 11 years who are in a clinical risk group, or who are a household contact of someone who is immunosuppressed, should be offered two doses of the Pfizer-BioNTech COVID-19 vaccine (Comirnaty®), with an interval of 8 weeks between the first and second doses.

The Welsh Government accepted this advice. The [Minister for Health and Social Services, Eluned Morgan, said](#) that “NHS Wales will identify eligible 5 to 11-year-olds in the “at risk” groups and begin offering appointments in the New Year”.

At that time, the [JCVI's advice noted](#) that further advice regarding COVID-19 vaccination for other 5 to 11 year olds will be issued in due course following consideration of additional data.

[Updated advice from the JCVI](#), published on 16 February 2022, recommended that two doses of the Pfizer-BioNTech COVID-19 vaccine (Comirnaty®) should be offered to all children aged 5 to 11 years of age who are not in a clinical risk group. The two doses should be offered with an interval of at least 12 weeks between them. The intention of this offer is to “increase the immunity of vaccinated individuals against severe COVID-19 in advance of a potential future wave of COVID-19”.

The JCVI advised that the vaccine should be offered on a “non-urgent” basis, and should not displace the delivery of other childhood (non-COVID-19) immunisation programmes, or of COVID-19 vaccination for other groups. It also emphasised:

In all instances, the offer of vaccination must be accompanied by appropriate information to enable children, and those with parental responsibility, to provide informed consent prior to vaccination. Teams responsible for the implementation and deployment of COVID-19 vaccination for persons aged 5 to 11 should be appropriately trained and confident regarding the information relevant to the vaccination of these persons.

The published advice highlights a number of key considerations, including:

- Most children aged 5 to 11 have asymptomatic or mild disease following infection with SARS-CoV-2. Some may experience post-COVID-19 symptoms lasting longer than a few days. Children aged 5 to 11 years who are not in a COVID-19 clinical risk group are at extremely low risk of developing severe COVID-19 disease.
- Vaccination of children aged 5 to 11 who are not in a clinical risk group is anticipated to prevent a small number of hospitalisations and intensive care admissions in this population and would provide short-term protection against non-severe infection (asymptomatic and symptomatic infection that does not require hospital-based care).
- Vaccination of children aged 5 to 11 who are not in a clinical risk group is not expected to have an impact on the current wave of Omicron infection. The potential benefits from vaccination will apply mainly to a future wave of infection; the more severe a future wave, the greater the likely benefits from vaccination. Conversely, the less severe a future wave, the smaller the likely benefits from vaccination.

## Welsh Government response

The [Welsh Government accepted the JCVI's updated advice](#) on 15 February 2022. The COVID-19 vaccination is not mandatory. The Health and Social Services Minister said:

I would encourage all families with children between the ages of five and 11, who are not in any clinical at risk groups, to visit the Public Health Wales website for information about vaccination and to begin a conversation about whether they want to take up this offer.

An updated [Welsh Government COVID-19 vaccination strategy](#) was published on 24 February 2022. Regarding vaccination of children aged 5 to 11, this states:

Children this young must have the opportunity of being accompanied by a parent or guardian during vaccination and the absence of any age priority within the advice makes it easier for eligible siblings to be vaccinated at the same time.

NHS Wales has already begun to plan the delivery of this programme to secure paediatric trained vaccinators and child-friendly vaccination centres. Health boards are building on their learning from the vaccination of clinically at risk five to 11-year-olds and 12 to 15-year-olds and are considering carefully how to ensure equity from the outset. Children have lost a significant amount of learning time during the

pandemic and, to ensure vaccine deployment does not unduly disrupt children's education further, there is no intention to vaccinate in schools.

There is work in train to ensure the necessary immunisation and clinical guidance is in place, and there is factual and trusted information on the Public Health Wales website for children and parents to help inform their decision. The vaccine is not mandatory and families can choose whether to have the vaccine or not. We would encourage families to begin to have conversations about the offer and spend time considering the information before deciding whether or not to accept.

On 16 February 2022, the governments in [England](#), [Scotland](#) and [Northern Ireland](#) also accepted the JCVI's advice.

## Stakeholder response

On 17 February 2022, the [Royal College of Paediatrics and Child Health \(RCPCH\)](#) **published a statement** in response to JCVI's recommendation on offering COVID-19 vaccination to all 5 to 11 year olds. The RCPCH said it acknowledges the "careful scrutiny" the JCVI has given to assessing the health benefits and risks of healthy 5 to 11 year olds being offered the COVID-19 vaccine. It highlights the following points:

It is a priority that 5-11 year olds who are deemed to be at risk of COVID infection or who are living with family members who are immunosuppressed, receive this vaccine. [...]

Delivering a vaccination programme to 5-11 year olds will require careful planning in order to ensure a favourable experience for children. Finding child-friendly vaccination sites, staffed with appropriately trained professionals, will be important and should facilitate equal access to all children which is key to avoiding disadvantaging some families. Governments should develop information and materials that are parent-and-carer friendly, and suitable for children, to facilitate their decision making.

Measles is much more infectious than COVID-19 and potentially a serious illness for children, especially the very young. We know uptake rates of the vaccine for Measles, Mumps, Rubella (MMR) as well as other routine vaccinations are decreasing, but these are potentially life saving. In the UK we are fortunate to have a very successful childhood

immunisation programme which is highly effective. The COVID-19 vaccination must not displace others and Government must take action to ensure uptake of these routine vaccinations is increased.

A number of countries globally have been offering vaccines to 5 - 11 year olds for some months, including Australia, the USA, Canada, Japan, and across the EU. The World Health Organization (WHO) and European Central for Disease Control have both supported vaccination of this age group.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.