JCVI Joint Committee on Vaccination and Immunisation

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Amanda Batten
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c/o
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Dear Amanda Batten,

Re: Clinically extremely vulnerable children

Thank you for your letter to the Joint Committee on Vaccination and Immunisation in relation to the vaccination of clinically extremely vulnerable (CEV) children, and subsequent email. The committee are very sympathetic to the additional difficulties face by the children who are clinically extremely vulnerable and their families during this pandemic. The committee also understand that there are a number of parents who will be keen for their children to be vaccinated, alongside others who may be more cautious.

Children under 16 years, even if they are CEV, are at low risk of serious morbidity and mortality, and given the absence of safety and efficacy data in children, vaccination is not currently recommended. There is some limited data which suggests that children with neurological comorbidities may be at a greater risk of developing severe COVID-19. Given the very high risk of exposure to infection and outbreaks in institutional settings, vaccination may be considered for children with severe neuro-disabilities within these settings. Further details on this can be found in chapter 14a of the Green book: COVID-19: the green book, chapter 14a - GOV.UK (www.gov.uk).

As you mention, current advice is that the main carer of individuals vulnerable to COVID-19 are placed in priority group 6 and therefore should have been offered vaccination during the first phase. The predominant risk factor for severe outcomes from COVID-19 remains to be age and therefore prioritisation has been set for phase 2 to continue to vaccinate by descending age groups.

As you are aware, currently none of the vaccines available in the UK are licensed in children however clinical trials are ongoing which are starting to report results in adolescents. There is still therefore limited data on the safety and immunogenicity of these vaccines in children.

The issue of a vaccination programme to vaccinate children against COVID-19 is currently under review as part of the committee's considerations, should a vaccine be licensed for use in children. The committee are reviewing the available data on this issue. The prioritisation for any extension of the programme, including which children (by age, or clinical risk) may be included, will be considered as part of this.

The process of approving the use of a vaccine in children remains the responsibility of the MHRA who will assess information submitted from clinical trials carried out.

As with all vaccines and licensed medicines, off-label use of the COVID-19 vaccination is down to the discretion of the individual prescribing clinician. In terms of consideration around how to obtain these doses where considered beneficial by the clinician, this is an operational issue and the JCVI would be unable to provide further guidance.

Yours sincerely

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On behalf of

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