COVID-19 vaccinations for children and young people: conversation between our CEO and President

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Jo Revill: Welcome to this Royal College of Paediatrics and Child Health podcast. I'm Jo Revill, Chief Executive of the College. And joining me today to discuss the very important matter of COVID-19 vaccination and children and young people is Dr Camilla Kingdon, the College President.

There's been so much public focus and discussion on the vaccine programme and the complex issues raised by rollouts, children and young people. It's now been about 18 months since the start of the pandemic. And it's the right time to take stock and look back over this period to reflect on vaccination of children and young people, and to think about how it's evolved in the context of the pandemic.

So, Camilla, could I ask you, where do you feel that we are now in the UK vaccination programme?

Camilla Kingdon: Thanks, Jo. Well, you know, it's October 2021 as we're talking, and we're in a position where there is an offer of the COVID-19 vaccination, and that's been made available via the NHS to all 12 to 15 year olds in the UK. And this is a universal offer. And it's for one dose of the vaccine. And that's in distinction to children and young people who are deemed to be clinically vulnerable as well as children who live with vulnerable household contacts. And those children are being offered two doses. So it can be a bit confusing, but that's the current situation in the UK.

What's been really interesting as a Royal College is that we were approached by the former UK Chief Medical Officers, and we were asked to consider the wider aspects of this issue, and particularly thinking about access to education.

And the reason we were asked to get involved is that the Joint Committee for Vaccination and Immunisation, the JCVI, had concluded when they looked at the available published data and international experience that really there was a marginal direct health benefit for 12 to 15 year olds from vaccination. But, really wanted the Chief Medical Officers to consider the wider context for children - appreciating that, you know, mental health and education are all really important issues that they didn't feel they had been able to look at in sufficient detail.

Now, we believe that vaccination would benefit healthy children, irrespective of the direct health benefits, because vaccination can be part of a series of interventions to try to make sure that

there's less interruption for school attendance. But it's important that we emphasise that vaccination is not a silver bullet. It needs to be part of a bigger programme of ways of keeping children in school in an uninterrupted kind of way.

Now, we know that children who are vaccinated will have less risk of contracting the virus, and they'll have less risk of passing it on to others. So they may still test positive and they could still become ill. But it's very unlikely that that illness would be serious.

Jo: So Camilla, in terms of what's happening at the moment in schools, routine testing of children who don't have any symptoms is still happening, isn't it? And what why does that worry you?

Camilla: I think it worries me because if we accept - and I think we now have very good evidence for this - that the direct health effects of this viral infection caused by COVID-19 on children – you know, about 50% of children will be entirely asymptomatic with COVID-19 infection. And so if we are disrupting children's lives by screening them for - asymptomatic children - for COVID-19 infection, then I have to say that I started asking myself why are we doing this?

For some children actually having the swab taken twice a week is actually an unpleasant experience. You talk to children, you talk to parents, it's become a real kind of ordeal that they're having to undertake twice a week, because most of these tests are now done, actually, by children or and/or their parents at home. And so it begs the question is what you know, why are we doing doing that at all? When we know that actually, there are lots of viruses circulating around schools at the moment, and yet we're picking on this one, where we don't actually think the consequences are any more serious, really, then other viruses like flu, respiratory syncytial virus and so on.

So we, as a group of paediatricians are just raising the question about whether we can relook at the various interventions that schools are using to try and mitigate against COVID-19. And just re-discuss the appropriateness of asymptomatic lateral flow testing. So it's just really to provoke the conversation. Because I think otherwise we just blindly carry on doing things. And if there's no real benefit to children, particularly as we're dealing with an adult population that's now fully immunized, and so, you know, the risks to teachers ought to be significantly less than it was, for instance, in the first and second wave. Then it just does beg the question about why we're continuing to do it. So it's really just to have the debate that we've raised the question about that.

Jo: Okay, thank you. I think that's clear. And I think we see colleagues in across child health thinking the same things, actually. And some people taking different views. But one of our jobs I think, as a College is to really question when things aren't working as they should, in our view, and think about how children and young people can be really best and able to live and get back to whatever we would call normality, and how we learn from what we've been through during last year so that we improve

Camilla: Exactly, exactly.

Jo: And the arguments that have been made for this, which is really - it's a wider health context, isn't it - it's about their place in society as well, their role for education - these arguments have been listened to. And it's clearly prompted quite a bit of debate. But if the vaccinations are being

offered to this age group, then I think what we see is that the information that families receive, carers receive and children and teenagers becomes really important, doesn't it?

Camilla: It is, it's really important. We've heard this from the children we've consulted with, that they wanted to be part of a really transparent, informed discussion about whether to take up this offer or not. They want to understand the risks, they want to understand the benefits, they want to be part of the decision.

And that this needs to be done in a non-judgmental kind of way, because they're going to be some children who have perfectly legitimate reasons not to take up this offer, whereas they're going to be others who are going to feel really compelled to do it. And there should be no mandation around the decision. And there certainly shouldn't be any judgement. So actually, allowing giving children the information, giving their parents the information, in language, in an accessible kind of way is going to be really important. And then of course, the process around consent is also going to be crucial for this age group.

Jo: So paediatricians and other people working in child health are really used to dealing with the issues of consent, aren't they? And it's part of practice. Perhaps in the vast majority of cases you do have agreement between parents and carers and children. So it's a very important principle, isn't it?

Camilla: I think that's right, I think we would anticipate that most parents and children would feel, would be aligned in how they make their decision once they've had a look at all the information that has been published and had a discussion as a family. But of course there are going to be circumstances where the wishes of the choice of the child .are not the same as their parents. And that is why the consent for this is going to be, is going to need some careful thought and time.

And the principles of Gillick competence will be really key here. So for anyone listening who isn't aware of Gillick competence, this is a well established legal principle that is based on law from the from the mid 1980s, which essentially says that children under the age of 16, who are able to understand the issues at stake, who clearly have an understanding of two sides of an argument, or in this case, both the risks and the benefits, and have a well established and well informed view on something that that child's decision making can be respected, regardless of what their parents may wish.

Now clearly, if that were to happen, the vaccinator would need to be confident that the child had reached that opinion under no duress and had done it in a measured kind of way. That the parents may have some questions that may need answering and that they would be given the opportunity to, to ask their questions. But at the end of the day, if a child has a clear and well formed view and they are Gillick competent, then their wishes should be acceded to.

So it adds a small element of complexity to this vaccine discussion. But I don't think it's going to happen in many cases. But we have been very clear that a Gillick competent child is able to make a decision for or against this vaccine in their own right.

Jo: From the start of this pandemic, the College has been guided by particular overarching principles when we come to the point with many of our members, with many of our volunteers that

we have to take decisions around policy and advice and guidance that we give. When it came to this question of vaccination for this age group, can you talk a bit about the principles that guided the College as you and other senior officers in the College, other paediatricians, approached the problem?

Camilla: Yes, I mean, you're right, we've been on quite a journey throughout the pandemic. And I think actually, as a College, we've learned a lot about actually what does guide our decision making, you know, more generally. So specifically to this point, I think that probably the most important overarching principle here is around children's rights. The right of a child to have their care prioritized, the right of children to be heard, the right of children to be part of decision making around their own health and so on.

But of course, we also underpin all our work in terms of supporting paediatricians in their working lives. And so that's been really important. And then finally, on this particular vaccine issue, you know, that the JCVI, the Joint Committee of Vaccination and Immunisation, is a really important body for paediatricians, you know, the COVID vaccine is just one of, you know, a whole armamentarium of vaccines that we rely on as paediatricians - but in fact, as a nation, to protect our children and protect all of us. And so our universal vaccine programmes are really important to us. And so, we very, very determinately have had a view that we do not wish to do anything to undermine JCVI because we trust in their methodology, we trust in their decision making. And so one of the principles has been throughout that we were supportive of JCVI's processes and their decisions.

So we've used those principles essentially to guide us in many ways in which we've responded during the pandemic, be that around highlighting the risks of delayed presentations, particularly in the in the first and second waves of the pandemic where children and families weren't presenting to GPS and hospitals. In the way in which we've supported NHS 111. In our response as the multi inflammatory condition PIMS-TS evolved as a new entity. The way in which we've worked around shielding, and the clinically extremely vulnerable group of children. Issues around post-COVID or long COVID symptoms. And then in relation to the vaccination, more broadly children's access to education, children's mental health, and so on.

So I think it was, it was with that background that we did feel when the Chief Medical Officers approached us to help inform the debate around this vaccine programme, we did feel that we had some really good principles that we'd used and developed, that we had a methodology that we could use quite robustly to help inform this really quite complicated debate around vaccination of children.

Jo: I think there's another principle that we followed and in fact we always follow in our policy work anyway, which is that we are a College for the UK, aren't we, and our members come from across the UK. And when you were asked to give a view for the College to the four Chief Medical Officers, we were really giving it for the whole of the UK. And I was really pleased at the way in which our members who represent Scotland, Northern Ireland and Wales fed in with that alongside our England officers. And so we had a lot of feedback and we had feedback from our children and young persons' network as well. So we came to consensus opinion, and I thought that was so

important. Often we see policies where it feels sometimes that the nations are being divided by the policy. But in this case, I didn't feel that was situation. Did you?

Camilla: Yeah, I can I completely agree with you, Jo. And, you know, I think firstly of all, we were approached by all four Chief Medical Officers, it was very much a four nations approach from their side. And then it was, it was really very pleasing how we essentially work towards achieving a consensus by, in the first instance convening our senior officers with our Officers from Wales, Northern Ireland and Scotland. And I'm sure you remember we had a sort of evening meeting that dragged on for it must have been at least two hours, while we really listened to each other's views. And I think each of us changed a little bit in the way we were thinking about it, because each person brought a perspective that was slightly different. I can remember our Officer for Wales, talking about the huge numbers of children he'd seen with mental health conditions in their general paediatric boards, at a scale that they hadn't seen before.

So those kind of insights from around the whole UK, I thought were really important to hear, and, and I think really helped us kind of move as we achieved our consensus position. So I thought that was a really valuable process.

And then what was lovely was then sort of sense checking it through our children and young people's &Us group, you know. I found that it gave me a lot of confidence, you know, as I represented the College and then later went to the Education Select Committee, that to be able to say, actually, we've had soundings from our children, young people, this is what they're saying, you know, these are their views. I think it gave a sort of a depth to our decision making and our final kind of position and messaging that I was delighted with. And I think it gave us a strength of message that meant that we were heard in a way that we perhaps mightn't have been if we hadn't had that kind of full round consensus that we finally did achieve.

Jo: Yes, and I think that was a really key point for the College as well. Because when we achieve things through those mechanisms, when we have the time to do so, it's just so important for us.

I think there have been various areas that really there has been concern around. And we've heard quite a lot about myocarditis. It's been flagged as an area of concern. What's the College's view on that?

Camilla: So yes, the myocarditis question has, I know, worried people. We know from talking. So first of all, we were able to consult with our paediatric cardiology colleagues, the British Congenital Cardiac Association, we've been in very close contact with hearing their views as experienced paediatric cardiologists.

So myocarditis is a very rare side effect. It's seen more commonly in boys and girls. And it's one of the reasons why, at the moment, the universal offer is a single dose rather than a two dose regimen for the universal rollout of the vaccine. And I think that the JCVI and Chief Medical Officers have been very clear that they are reserving their decision about offering a second dose while they wait to see internationally what the experience is around myocarditis. So we don't know the long term issues about that.

But we've been very clear that, you know, with all medical interventions, there are risks and there are benefits, and one is one is having to weigh up one against the other. And so for us the kind of wider benefits in terms of school, routine structure, in a day, in a week, kind of social contact, and the positive impact on improving mental health – that unweighed this very this rare incidence of myocarditis.

And I think before we move off the topic of myocarditis, it's also important to say that COVID infection can cause myocarditis, and there's some emerging data that actually it can cause it more frequently than reported vaccine-induced myocarditis. So I think we still got a lot to learn about it. And we'll be continuing to keep a very close eye out on it. And obviously, as we know, JCVI will be too, and there are reporting mechanisms through the MHRA for any vaccine-induced side effects. So I think we will have more clear information as time goes by.

Jo: I think a number of our members are worried about misinformation around vaccinations. And we've always argued that there should be really strong communications for families and for children and young people about how the vaccines work and the benefits coming from those vaccines, but also communications that are accurate and are non judgmental. Are you confident that this is going to be the case?

Camilla: So I think it's a really important issue. And in a world of social media, there are so many groups with some quite polarised views, often which are entirely unfounded in science, that are essentially preying upon, in this case, parents and young people, as they try and make the decision about this vaccine. So it's crucial that we provide families with really clear, really transparent information so that they can make the decision in the most informed possible way.

And there are resources that have been produced by Public Health England and the Department for Education. We've had opportunities to offer insights into those resources. And I daresay those resources will develop over time. But I think clarity of information is going to be absolutely vital here, because on the one hand, we don't want to over-egg the risks of COVID infection amongst children. But equally it's crucial that we don't create panic about the safety of the vaccine. So, I think we need to help parents and children hear the truth, understand it in a transparent and open kind of way so that they can make their decision.

And then, of course, they will have opportunities when they meet the vaccinators through the school's vaccine programme, because those vaccinators are very experienced in talking to young people about vaccination, entering into discussions and being honest about side effects as well as benefits. So I think there is a risk, but I'm really confident that the system we've got in place will be able to allay people's fears and provide honest and open clear information.

Jo: Yes, and it's never been more needed than now, has it? It's so important.

If we think about what's going to happen next - and nobody has a crystal ball - but these next few months are going to be quite challenging, aren't they? I mean they really are. You know we're heading into a difficult winter. We have the importance of the vaccination programme, but we have so many other pressures on us as well.

Camilla: Yes, I think that's right. You know, I think most paediatricians and, I guess, teachers probably would say the same, is that winter seems to have arrived very early this year. And we've got a population of children who have not been exposed to viruses - it's not just children, actually, it's all of us. We've not been exposed to viruses essentially for the last 18 months. And now as society has opened up again, there are a lot of viruses circulating. And that's putting the NHS under a really extreme pressure at the moment.

So that means our workforce are really feeling it. Everyone from our GP colleagues through to paediatricians. I can't think of a single part of the health care system for children that isn't under significant pressure at the moment. We've got waiting lists and aspects of service that need to recover from the pandemic. And then we've got our urgent and emergency care pathways that are seeing huge numbers of children and their parents at the moment. So a lot of pressure on the workforce. And at a time when actually a lot of people are off ill or isolating because of being COVID contact. So I think there's absolutely no denying the pressure the system is under at the moment.

So I think it's important that we recognise that, and recognise the size of the challenge, and recognise that we've got brilliant, resilient people working within the paediatric workforce. But we also need to look after each other and take care. It's never been a time where it's been more important for kindness to be the kind of key principle that we take to work with us every morning so that we're looking out for each other

But I think we also need to accept that the pandemic continues. We've got large part of the world that is still largely unvaccinated. So huge challenges. Many of our international members will still be in the kind of dealing with largely unvaccinated populations, so their challenges will be very different to those that we're experiencing in the UK.

And then going forward, there's going to be - I have no doubt - debate about whetherthe vaccine could be extended to younger children. I think it's important to say at this point in time that the vaccines are not licenced for children under the age of 12. But I am aware that there are moves to extend the licence in the US, particularly. So I think this debate, that what we're talking about this afternoon, is going to roll and roll as the situation develops. So it's a really challenging time. But , I am very confident that we will continue to support as a College as much as we possibly can, provide resources for children and their families, and, and help out wherever we can.

Jo: Do you feel that our voice as a College is listened to? I mean you attend many meetings with people at the top of the NHS and within Government. And, making the case for children and young people to be there at the centre of these decisions are made is so important, isn't it? Do you feel we're getting our messages across, Camilla?

Camilla: So I think it's a challenge, isn't it? I mean, let's be honest, we've got a lot of really difficult competing health interests at the moment, if you think about society in its broadest sense. And it's really easy for the voice and the needs of children to be drowned out by really important, competing issues around adult cancer services, adult surgical elective waiting lists, and so on - all of which also are very, very important.

So, I think, as a College our challenge for advocating for children probably has never been larger than it is. But I think what's been really rather rewarding around the vaccine debate is how important the Chief Medical Officers, JCVI and some of these big structural organisations within our health system in this country, how much importance they placed on hearing our views on what the views are of paediatricians more broadly, what children and young people are genuinely thinking, what the needs of parents and children are when it comes to information so that they can make a decision. So I feel quite encouraged by that.

And I think it's a credit to the College, and the reputation of the College, that actually we are an organisation whose views are sought after. So I think there have been very encouraging signs, but we're certainly not going to rest on our laurels. We've still got a lot of work to do to keep the voices of children, you know, front and Central.

Jo: And I was very heartened at one of the briefings that happened with Chris Whitty. In fact, the briefing where he talked about the decision on vaccination up to the age of 12. And he said often children and young people can be a bit invisible in the health service, and they must be listened to, and their views must be taken account of. And it was so good to hear him talk about that. And it was really fantastic that it was yourself coming to Education Select Committee to talk about those decisions.

So it can be hard. And it's a world in which we're seeing many, many adults on the waiting lists at the moment waiting for treatment, waiting for care. So we know that there's pressures across the whole of the service. But I do think that I would hope that our advocacy work that we do is understood by members and felt by members. But it's a constant effort, isn't it?

Camilla: Yes, yes, it certainly is. But I think we've got everything to play for. And I think if we dial back to how, when it came to free school meals, for instance, how passionate the public got about that, and paediatricians and so on, I think actually, when the chips are down, people do understand the importance of investing in children as the future.

So I don't think we should lose heart I think we got everything to play for, and actually the future's exciting as we seize these opportunities to make the most impact.

Jo: So thank you for listening to this RCPCH podcast. And a reminder to please check our webpages at www.rcpch.ac.uk to keep up to date with our COVID-19 resources and information about all our other College work. Thanks for listening.

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