

## COVID-19 Vaccination in Children: The Time to Come

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How COVID-19 affects children is little yet known in some countries [1,2]. In sub-Saharan Africa, COVID-19 hospitalization and deaths do not break down the cases by age through some official tallies [1,2]. Thus, pediatricians don't know how outcomes of COVID-19 might be affected by some conditions (e.g. concurrent tuberculosis, or HIV infection, or malnutrition) and which deaths were in children and young adults, including what will be the burden of co-infection in children, such as massive circulation of SARS-CoV-2 (COVID-19) and respiratory syncytial virus [1,2]. Currently, China, Israel, and USA are offering vaccines (Moderna-mRNA vaccine, Pfizer/BioNTech-mRNA vaccine, and two Chinese vaccines produced by Sinovac and Sinopharm) to young individuals over the age of 12 [1,2]. Several studies on COVID-19 vaccines, including two Indian COVID-19 vaccines (Zyklus Cadila and Covaxin (inactivated coronavirus) vaccines) are expected to report results in young individuals over the age of 12 very soon [1,2]. In USA, COVID-19 vaccines for children under the age of 12 might be available in the late 2021, whereas some companies have started on carrying out clinical vaccine trials in as-young-as-six-months children [1,2].

A recent study in Malta demonstrated extremely low risk of myocarditis and pericarditis among Pfizer/BioNTech-vaccinated-adolescent individuals aged 12 - 17 (around 67 and 9 cases per million second doses in adolescent males and females, respectively) [1,2]. A decrease in SARS-CoV-2 (COVID-19) transmission to vulnerable ageing individuals in Malta may be due to COVID-19 vaccination in adolescents [1,2]. Currently, Chile is rolling out COVID-19 vaccines to children aged 12 and older, whereas a Chilean pediatric-infectious-disease specialist suggested that countries should probably not move forward with pediatric COVID-19 vaccinations so fast [1,2]. In May 2021, the WHO chief said that wealthier countries that are vaccinating children are doing so at the expense of high-risk groups and healthcare workers in other countries [1,2]. Some vaccine experts pointed out that some rich countries bought more than enough vaccine doses to fully vaccinate their populations and the argument for sending COVID-19 vaccines outside the country should not preclude vaccinating children in higher-income countries [1,2].

In conclusion, the allocating the donated vaccine doses to needy countries for vaccination in children should not be only on the basis of how many people live in those countries, but the donated vaccine doses could be distributed depending on other factors, such as the need for preserve healthcare services in the confrontation of an oncoming or ongoing infectious disease outbreaks.

### Bibliography

1. Ledford H. "Should children get COVID vaccines? What the science says". *Nature* 595.7869 (2021): 638-639.
2. Han B. "Safety, tolerability, and immunogenicity of an inactivated SARS-CoV-2 vaccine (CoronaVac) in healthy children and adolescents: a double-blind, randomised, controlled, phase 1/2 clinical trial". *Lancet Infectious Diseases* (2021).

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