

COVID-19 Vaccines for Children and Youth

In Ontario, children aged six months and over are eligible to receive a COVID-19 vaccine. Vaccines are safe, effective and the best way to stay protected from COVID-19 and its variants. They are an important tool to help prevent serious illness and support the overall health and wellbeing of our children and communities.



Here are answers to some of the most commonly asked questions about vaccines for children and youth:

1. Aren't COVID-19 symptoms milder for children and youth?

Vaccination remains one of the most effective ways children, including those aged six months to under five years, can protect themselves, their families and their communities against severe outcomes from COVID-19.

While children and youth who get infected with COVID-19 typically experience mild symptoms, some can get very sick, resulting in hospitalization, ICU admission or even death. Others can experience serious and longer-lasting symptoms (i.e. long COVID-19, post-acute COVID-19 syndrome). This is especially true for children who are immunocompromised or have underlying health conditions.

The COVID-19 vaccine will help your child fight off the virus more easily if they are infected and make their symptoms milder. It also provides further protection to their family members, especially if they are at risk for more severe illness.

2. Is vaccination for children aged six months to under five years recommended?

Parents and caregivers of children aged six months to under five years are recommended to discuss COVID-19 vaccination with their health care provider to determine the best timing and approach for COVID-19 vaccination, especially since this age group is recommended to receive other vaccines to protect against diseases such as diphtheria, tetanus, pertussis, polio, measles, mumps, rubella and varicella.

Children who are immunocompromised or have other significant underlying medical conditions are recommended to receive their vaccination.

3. How effective is the Moderna vaccine for children aged six months to under five years? Should I wait for the Pfizer vaccine instead?

For parents and caregivers who want to vaccinate their child now, the Moderna COVID-19 vaccine is currently available for children aged six months to under five years old.

The authorization of the Pfizer COVID-19 vaccine for children aged six months to

under five years old is under review by Health Canada pending safety and efficacy trials, and there is currently no set date for when the Pfizer vaccine will be authorized. The Pfizer COVID-19 vaccine is currently authorized for use in the United States and requires three doses to complete the series.

We are expecting the efficacy of the Pfizer and Moderna vaccines to be similar, based on previous evidence for how effective the vaccines were in adults.

Parents and caregivers of children aged six months to under five years are recommended to discuss COVID-19 vaccination with their health care provider to determine the best timing and approach for COVID-19 vaccination.

4. My child had COVID-19. Should they still get vaccinated?

Even if your child has had COVID-19, they should still get the vaccine. While infection alone provides some protection, vaccination combined with infection helps further improve the immune response.

If your child is recovering from COVID-19, they should wait eight weeks after symptom onset or positive test (if they had no symptoms) before receiving the COVID-19 vaccine or their next dose of the vaccine. Please visit [Ontario.ca/covidvaccinekids](https://ontario.ca/covidvaccinekids) to learn how long your child should wait following COVID-19 infection.

5. How long should I wait between my child's first and second doses of the COVID-19 vaccine?

Children and youth aged six months and older may receive a COVID-19 vaccine in a two-dose primary series at a recommended interval of eight weeks (56 days), or a minimal interval of 28 days between first and second doses.

To provide the strongest possible protection, the National Advisory Committee on Immunization (NACI) recommends waiting eight weeks between the first and second dose. This is based on evidence that suggests longer intervals between doses results in a stronger immune response and higher vaccine effectiveness that is expected to last longer. This interval may also be associated with a lower risk of myocarditis and/or pericarditis.

Children and youth who are moderately to severely immunocompromised are recommended to get a third dose of the COVID-19 vaccine eight weeks (56 days), or at a minimum of 28 days, after their second dose as part of an extended primary series. Parents of children and youth who are taking immunosuppressive medications should consult with their children's treating provider around optimal timing of vaccination.

6. Are booster doses of the COVID-19 vaccine available?

At this time, booster doses are not authorized for children aged six months to 11 years.

For youth aged 12 to 17:

- A first booster dose is recommended for youth aged 12 to 17 at an interval of six months (168 days) after completion



of their primary series, as it provides better protection against COVID-19 transmission and severe disease.

- Moderately to severely immunocompromised youth aged 12 to 17 who are eligible for a three-dose primary series can get a first booster dose six months (168 days) after the completion of their three-dose primary series, as well as a second booster dose at the recommended interval of six months (168 days) or a minimum interval of three months (84 days) after their first booster.

Parents of children and youth who are taking immunosuppressive medications should consult with their children's treating provider around optimal timing of vaccination.

7. Are vaccines safe for children and youth who are immunocompromised or have medical conditions?

Generally, children and youth with medical conditions should be vaccinated as soon as possible, since they are often at higher risk of becoming more ill if they are infected with COVID-19. Individuals who are moderately to severely immunocompromised require additional doses to provide sufficient protection based on a suboptimal or waning immune response to vaccines and increased risk of COVID-19 infection.

These individuals are recommended to get a third dose of a COVID-19 vaccine eight weeks after their second dose to strengthen the protection against COVID-19 and its variants.

We continue to monitor new data and follow the advice of the Chief Medical Officer of Health and the National Advisory Committee on Immunization (NACI).

In addition, moderately to severely immunocompromised youth aged 12 to 17

who are eligible for a three-dose primary series can get a first booster dose six months (168 days) after the completion of their three-dose primary series, as well as a second booster dose at the recommended interval of six months (168 days) or a minimum interval of three months (84 days) after their first booster. If your child has an underlying medical condition, please speak to their treating provider.

8. Will the COVID-19 vaccine interfere with getting other vaccines?

Children and youth who are not up to date on other vaccines can still receive a COVID-19 vaccine. If your child is behind on immunizations, we encourage you to contact their health care provider to get up to date.

Children between six months and under five years should wait 14 days before or after the administration of another vaccine before getting their COVID-19 vaccine.

Individuals five years and older may receive a COVID-19 vaccine simultaneously (i.e., same day), or at any time before or after non-COVID-19 vaccines (including live and non-live vaccines).



9. Are COVID-19 vaccines safe for children and youth?

Health Canada has authorized the Moderna vaccine for use in children aged six months and older and the Pfizer vaccine for use in children aged five years and older.

Health Canada has one of the most rigorous scientific review systems in the world and only approves a vaccine if it is safe, works and meets the highest manufacturing and quality standards.

After a thorough and independent scientific review of the evidence, Health Canada determined that the authorized COVID-19 vaccines are safe and effective at providing a strong immune response against COVID-19 in children and youth.

10. Will children and youth receive the same dosage of the COVID-19 vaccine as other age groups?

The dose volume varies depending on age and product.

For the Moderna COVID-19 vaccine:

- Children aged six months to five years: 25 mcg
- Children aged six to 11 years: 50 mcg
- Youth aged 12 years and over: 100 mcg

For the Pfizer COVID-19 vaccine:

- Children aged five to 11 years: 10 mcg
- Youth aged 12 years and older: 30 mcg

11. How common is myocarditis and/or pericarditis in youth?

A very small number of cases of myocarditis (inflammation of the heart muscle) and/or pericarditis (inflammation of lining outside the heart) following vaccination have been reported. Most cases occurred in young adult males between 18 and 30 years of age after the second dose of vaccine, and most had mild illness and recovered quickly.

Myocarditis/pericarditis following COVID-19 mRNA vaccines remains a rare adverse event following immunization (AEFI), which is defined by the Canadian Immunization Guide as occurring at frequency of 0.01 per cent to less than 0.1 per cent. Myocarditis and pericarditis are more likely to occur after a COVID-19 infection than after COVID-19 vaccines.

The National Advisory Committee on Immunization (NACI) continues to recommend vaccination with mRNA COVID-19 vaccines for all individuals aged six months and older since the vaccines are highly effective at preventing severe outcomes (i.e., hospitalization, death) from COVID-19. NACI also recommends



that children and youth wait eight weeks between the first and second doses of the COVID-19 vaccine. This interval may be associated with a lower risk of myocarditis and/or pericarditis.

12. What will the vaccination experience be like for my child?

A number of locations offering the COVID-19 vaccine for children will be customized to ensure a child-friendly environment. This includes setting up clinics to offer privacy like cubicles, offices, or family pods so you can be with your child when they receive the vaccine.

COVID-19 vaccination in primary care settings for children aged six months to under five years will follow a similar experience to other routine childhood immunizations.

13. Will parents or caregivers need to provide consent for their children to get vaccinated?

Parents or legal guardians of children aged six months to under five years need to provide informed consent on behalf

of the child before or at the time of the appointment. This means that they must understand what the vaccine involves (for example, how it is administered), why it is recommended, and the potential risks and benefits.

14. Will my child experience side effects or reactions?

Like any vaccination, your child may experience mild side effects and reactions that will subside anywhere from a few hours to a few days after vaccination. These side effects are part of their body's efforts to build immunity to COVID-19 following vaccination. The most frequently reported short-term side effects for children following the COVID-19 vaccine include soreness and swelling or colour changes (for example red or purple), at the injection site, fatigue, headache, chills, muscle aches and loss of appetite. These side effects are typically mild to moderate and on average do not last longer than three days.



15. What should my child do if they experience side effects after getting the vaccine?

Applying a cool, damp cloth where the vaccine was given may help with soreness and swelling. If needed, speak to your doctor about over-the-counter pain or fever medication, which may help with side effects such as headache, muscle pain and fever. It is generally not recommended to take medication before vaccination to try to prevent side effects.

16. Will the COVID-19 vaccine impact my child's puberty or fertility?

There is no evidence and no scientific reason to suggest that COVID-19 vaccines will affect children's later puberty or fertility.

17. Won't the COVID-19 vaccine put my child at risk for an allergic reaction?

Serious allergic reactions to the COVID-19 vaccine are very rare and can be treated. Allergic reactions occur less than 10 times per million people, and the risk of allergic reaction is much lower than the risk of severe disease for unvaccinated children who get COVID-19. If your child has a history of allergic reactions to vaccines or medication, please discuss this with your child's doctor prior to vaccination.

To be safe, everyone who gets vaccinated is monitored for up to 15 minutes in case an allergic reaction occurs. Immediate reactions typically begin within an hour of administration and may even begin within minutes however, in rarer cases, delayed reactions may appear several hours to days after administration.

If you think your child might be having a severe allergic reaction after leaving the vaccination site, go to the nearest emergency department or call 911. Signs of an allergic reaction could include

having trouble breathing, developing hives or swelling in the face and throat.

18. Where can I get more information?

Visit [Ontario.ca/covidvaccinekids](https://ontario.ca/covidvaccinekids) to learn more about COVID-19 vaccines for children and youth.

You can also contact the Provincial Vaccine Contact Centre to speak to an experienced agent or health specialist at 1-833-943-3900 (TTY for people who are deaf, hearing-impaired or speech-impaired: 1-866-797-0007), available in more than 300 languages, seven days a week from 8:00 a.m. to 8:00 p.m.

In addition, you can contact the SickKids COVID-19 Vaccine Consult Service to book a confidential phone appointment with a SickKids paediatric Registered Nurse through sickkids.ca/vaccineconsult, or call 1-888-304-6558. This service is available in multiple languages using over-the-phone language interpretation.

