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PRIMARY COLOUR

Helen Salisbury: Official hesitancy is not helping

Helen Salisbury *GP**"Doctor, should my teenager have the covid jab?"**"Yes, I think that would be sensible. What do you think?"**"Well, I just don't know, doctor—the vaccine experts said it was difficult to decide, so what makes you so certain?"*

I'm sure that variations on this conversation are taking place up and down the country. Meanwhile, infections in children are soaring and, just three weeks into the new school term in England, are running at over 800 per 100 000 and rising sharply.¹

The end of the mask mandate—alongside current rules stating that siblings of a child with proven covid should continue to attend school—is leading many parents to assume that it doesn't really matter if their child is infected. Most families will get off lightly, so long as no one close to the child is clinically vulnerable, all of the adults have been vaccinated, and none of the children goes on to develop long covid.

Your thoughts on the likelihood of children getting long covid will depend on which studies you read, thanks to varying definitions of duration and which symptoms count.² However, even if we take the most conservative estimate of 2% still having symptoms at 12 weeks, if most of our children will be infected (which looks likely on the current trajectory) this still adds up to a lot of sick children missing school or being unable to learn because of symptoms such as fatigue and poor concentration.

"What about the side effects doctor? Are you sure it's safe?"

It's not surprising that parents are asking this, given the "finely balanced" judgment of the Joint Committee on Vaccination and Immunisation (JCVI).³ After all, we know that covid is nasty and can occasionally be dangerous even in children, so isn't the vaccine risky too? It can therefore be very difficult to reassure people that over 10 million children in the US have been vaccinated with the Pfizer-BioNtech vaccine and that the only side effects seen have been rare (and transient) myocarditis and pericarditis, which resolved with minimal treatment.^{4 5} This inflammation of the heart is much more commonly caused by the SARS-CoV-2 infection itself,⁶ so vaccine related cases would outnumber infection related cases only if rates of infection were much lower than they are now.

Ordinary doctors like me are scratching our heads, wondering what the JCVI knows that isn't in the public domain, because it's difficult to understand its calculations or where the numbers came from. Meanwhile, the decision not to support vaccination

of teenagers—although now overruled by the chief medical officers, who considered the wider effects on society—has led to confusion and mistrust and is feeding into vaccine hesitancy.

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