

Cllr Jim Millard: Hello and welcome to Talk Richmond. I'm your host Jim Millard, and in this the first episode of Series 3 after taking a break over the summer holidays, we will be talking to Doctor Patrick Gibson, the GP borough lead for Richmond upon Thames. We've talked him before, he's a very welcome guest back on the podcast to discuss young people aged 12 to 15 being offered a COVID-19 vaccine. So without further ado welcome Doctor Gibson.

Dr Patrick Gibson: Thank you for asking me to come and speak again today and look forward to hopefully giving you some useful information.

Cllr Jim Millard: Well, let's get into the issue. It was announced last week that people aged 12 to 15 in England will be offered one dose of the Pfizer COVID-19 vaccine. Before we go into how this is going to work, could you perhaps give listeners an idea of how the decision to vaccinate younger people is made? Because I know people are concerned that the Joint Committee on Vaccination and Immunisation initially advised against vaccinating 12- to 15-year-olds. Is that right?

Dr Patrick Gibson: It's not quite right, but it's fairly close. The JCVI, the Joint Committee of Vaccination Immunisation felt that their recommendations should be really sort of purely restricted to sort of matters of medical fact, medical aspects of vaccination. And in purely those terms, I think, the judgments that have closely balanced for young people in terms of risk and benefit. But of course, there's much more to it than just that medical bit and I think that's where the call to the Chief Medical Officers, it would have been helpful I think if there had been a joint communication, perhaps between the JCVI and the joint medical officers at the time, I think Chris Whitty's is very well known from our broadcast as being the Chief Medical Officer for England, and there's three chief medical officers for the for the other countries, for Scotland, Ireland and Wales as well. So, the point that at the JCVI were trying to make was that there's a lot more to it than just the medical aspects of things. So, the biggest issue for this 12 to 15 year old population relates really to mental health issues that have come out of living with COVID, so we know, for example, that the number of children and young people attending A&E with serious mental health issues has increased by 50% during since COVID started. And there's been an 8% increase in children and young people on antidepressants and the CAMHS waiting lists in some areas have gone up by a third and simply because young people are learning to or having to learn to live with the restrictions of COVID and part of that restriction is the impact on their learning, the disruption to school with staff being off with school groups being sent home. So, these are the issues that the JCVI would not particularly have focused on, but obviously the chief medical officers were acutely aware of and, and there was a very clear recommendation from the chief medical officers that it was in the interests of this 12 to 15 year old population to have vaccine when you look at that holistically, really.

And the other point is obviously relevant, is that the more people that are vaccinated generally, the lower you're going to have in terms of the capacity for community transmission of virus. And while children and young people have enough responsibilities thrust on them at an early age in these days and I don't want to overload this point, but the fundamental principle is that the more people are vaccinated, the less possibility there is for transmission, because while vaccination does not completely stop transmission, it does reduce it by 50%.

Cllr Jim Millard: Thank you, thank you Doctor Gibson, that's very helpful I think people will value that sort of clarity on where things are coming from. So was the vaccine trialled on young people?

Dr Patrick Gibson: Yeah so the Medicines and Health Regulator Authority in June looked at the safety, quality and effectiveness data around vaccination of this 12- to 15-year-old groups, even in June they had data from trials done on that. America, Canada, and Israel in particular, pressed on

early with vaccination for children aged 12 to 15. In the early trials, Pfizer actually did a trial of 2,260 young people between 12 and 15 in the US and the side effects in that population were generally consistent with those demonstrators in 16- to 25-year-olds and in that study actually, and the pickup of antibodies was stronger than it was in other areas of the community.

So in addition to having the initial trial evidence, we've now got a situation where more than 8.9 million people in that population, the 12- to 15-year-old population, in the States have been vaccinated, and that therefore obviously provides a much wider database. So yes, we've got a good trial evidence and experiential evidence as well. And the States they have an organisation which looks at side effects afterwards, and they've continued to monitor as we have done in the UK as well, to check that post surveillance and allows us to collect more data about side effects.

Cllr Jim Millard: So you mentioned side effects. I mean for for children aged 12 to 15 having this vaccination, they might experience a sore arm, tiredness, that sort of thing.

Dr Patrick Gibson: Yeah, that's spot-on Jim. So a sore arm is the commonest one that will normally last for a couple of days and people often feel a bit off, you know a bit achy, feeling a wee bit nauseous and fainting is not uncommon in in the younger population, and so we always have to be ready for that. A slight temperature is not unusual, but it should not exceed 38 and the symptoms really should definitely not exceed seven days, so anything going on about seven days we need to be sort of thinking about other causes. Now with most people those symptoms will only last a couple of days.

There has been some really interesting stuff about cardiac side effects with that with the MRNA with the Pfizer vaccine and Moderna, so this has had some publicity, so your listeners will probably already have come across this. And so there is one rare side effect that we're seeing with those vaccines, where with pericarditis and myocarditis, so inflammation of the heart.

The one point to make about the cardiac side effects is that it has been seen more in young men than in young women, and it has predominantly been seen in young men when they've had their second vaccine rather than the first one, so it's unlikely that you're going to come across that side effect with the with the initial vaccine.

So there's an all age study in the New England Journal of Medicine, which shows that for every 100,000 vaccinations over the age of 16, they observed that there were 2.7 more cases of these cardiac complications than they saw in the unvaccinated. So these are conditions which happen in the general population, but they appear to be a little bit more common with the vaccine. So that's 2.7 per 100,000 people vaccinated, just to put that into context. And the same study demonstrated that there were eleven more cases in people who had COVID disease as opposed to those who hadn't had COVID disease. And there's one other interesting study as well, which looks at the 12 to 17 year old population, and they're actually about 6 times more likely to develop cardiac inflammation with the COVID infection than they are with the vaccination. So these are important points to make. This is a condition which happens in the background population anyway, and certainly happens with COVID in illness itself. But there is a slight increase undoubtedly on the data that we've got with the MRNA vaccine, so we need to be conscious that and we need parents to be aware of that and to report that promptly if they're if they're young people develop shortness of breath, chest pain, or palpitations.

Cllr Jim Millard: OK, thank you. I'm in this position of yeah, you know, valuing this myself, just this morning we clicked on the consent form and it's a bit different to saying I'm going to have it. It's a different process and you know as you said Patrick, it's difficult because there's so much going on

out there, and as a parent even if you hear sort of some people saying I'm not doing it, you know you're like what, why? I think it's good to have the balance information. Not to try to shy away from the side effects and things.

So, how will vaccinating 12 to 15 year olds work?

Dr Patrick Gibson: So this would be run in the same way as the school age immunisation service that I think most listeners will be informed about already, so it's the same service that goes in and does the HPV vaccination to protect against cervical virus infection which can be associated with cervical cancer in later years and also the meningitis and the other vaccines that go on in school. So in this process, anybody who anybody aged 12 or over on the day of the visit by the school age immunisation service and there will be offered vaccination on that day. The same consent process that exists as with the other school vaccines, so prior to the day of arrival of the service in the school, the young people will have been sent home with a note to give to parents, inviting the parents to give consent and importantly, what we want to happen at that point is we want the parents and the children to talk between themselves about hopefully an agreed way forward so that the consent form can be completed and handed into the school. Within that form there's contact number for the parents to speak to the school age immunisation service - it's important to emphasise here that we don't want parents talking to the schools because the schools are not experts in this. It's really important that they talked to the immunisation service, and as I say, details will be available with that. The role of the schools, obviously they're providing the facilities and importantly, they're also sharing information sources with the parents so they do have those available to give out there.

So if the child if the young person comes to school and the consent form isn't completed and the young people young person says that they wish to be vaccinated on that day, attempts in that situation will be made to contact the parents and to make sure that there is informed verbal consent, even if the written consent has not been provided with the child. In this situation where a parent can't be reached, the school age immunisation service will make a judgment about the competence of that young person in line with a thing called the Gillick principles, as to whether that young person is able to give informed consent themselves. It's also important to say that there will be an opportunity for catch up, so if somebody is not in the school on those days, then the immunisation service will provide another opportunity at a later date and also the immunisation service is looking to provide plans for those who are home schooled as well so that that population is not disadvantaged as well.

Cllr Jim Millard: Thank you. So, as I understand it most children are receiving one job rather than two. Why is that?

Dr Patrick Gibson: So it's a very good question that and it, and it's a subject of live interest. I don't think we are in a situation where that's a sort of final decision yet and the reason I say that is that the Joint Committee Vaccination made a statement at the end of August and that the recommendation was that one dose should be offered in the first instance and they were talking, particularly the context of the 16-17 year olds, but we're looking at the same scenario here, and what they said is that pending further evidence on the effectiveness and safety in this age group, a second dose is anticipated to be offered later to increase the level of protection because we do know that that second dose adds a little bit to the immediate protection, but more importantly contributes to the longer term protection. And so further data and the potential availability of alternative vaccine options will inform the exact details of that, but the expectation is that there will be further clarification from the from the committee before 2nd doses are due for this population,

so anything up to 12 weeks after that first dose, I think it's really a question of watch this space really.

CLlr Jim Millard: OK, well as always thank you so much Patrick for your time, as always very very interesting, very enlightening to hear from you. Is there anything further you'd like to share?

Dr Patrick Gibson: I think just to point out we're trying to keep up the energy with the vaccination program. It's complex. The evergreen offer is still there for the whole population, so anybody who hasn't taken it up now, we would still encourage you to really give it some serious consideration. If you have questions about it, take the opportunity to talk to the medical professionals around you to get their perspective.

We're doing work at the moment on the on the clinical extremely vulnerable 12 to 15 year old population who will be offered two vaccines. So that's one subgroup of the younger people who will get two vaccines, and we're obviously starting on that 12 to 15 population. And we're also looking at populations who are immunocompromised. And at the same time as we're doing those populations, we're starting to prepare obviously for the booster program, for those people who you know anything up to six at nine months ago now had their initial vaccines.

I think I probably ought to just to recognise at this point the huge, huge contribution that we've had from the healthcare world, the Community providers, the mass vaccination centres and the practices who've put in a huge amount of work into vaccination and made it such a successful program. Our volunteers. I've mentioned before, have done extraordinary service supporting us over a long time and throughout the whole of this this program. And also finally of course to the public of Richmond for supporting it. We are in a in a really good position in Richmond and I think it's a team effort that's got us there. So thank you to everybody.

CLlr Jim Millard: Thank you Patrick. Well said I think yes, I'll second that you know the the work that's being gone into making Richmond upon Thames so successful and in such a good position with vaccination rates is hugely welcomed. And I think everyone listening will be have been very reassured to hear the detail as always from you, you know the detail and the sensible, balanced but detailed information that you've given us. So that's it for the first episode of series three of Talk Richmond. Thank you very much for listening. There will be links to further information in this episode show notes, and you can find the latest vaccine information on the council's website. If you found this useful, please do click on the subscribe button and leave us a glowing review. It would be a real shot in the arm. I'm Jim Millard. Thanks for listening.