

Kathleen Logan

From: Peter McIntyre <peter.mcintyre@otago.ac.nz>
Sent: Tuesday, 6 July 2021 11:58 AM
To: Kathleen Logan; Emma Best
Subject: Re: spike protein effects less risky than Covid infection in children

Thanks Emma and apologies that I missed your e mail Kathleen
the only addition I would make to Emma's excellent summary is to recommend
communicating directly with Dr Ian Town regarding the CVTAG considerations - a subgroup
is currently considering issues relating to use in children and it would be good for the group
to be informed of this communication and to include the Commissioner in its responses

Peter



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From: Kathleen Logan
Sent: Tuesday, July 6, 2021 11:51 AM
To: Emma Best ; Peter McIntyre
Subject: spike protein effects less risky than Covid infection in children

Thank you for the prompt reply, Emma.

Another writer has pointed out that a trial of only two thousand won't find out the riskier, rarer effects, of the spike protein expression in cardiovascular tissues, (eg myocarditis and pericarditis), organs and lung tissue that can cause death or long term ill health. (They pointed to another example where population vaccination resulted in deaths when it can be claimed the original Sars epidemic wasn't so deadly).

(This person was a medic, so I need to tread carefully in my advice to Judge Becroft).

If significant adverse effects of Comirnaty are less than risks from actual covid infection in children (who generally don't suffer much from covid), then that warrants the vaccine roll out.

But even if we are not sure of that - if the vaccination of children is about population protection, that is also a valid argument, because children must be seen in the context of their families. We can frame a positive response in light of benefits to families.

Thanks again.

Ngā mihi
Kathleen

From: Emma Best
Sent: Tuesday, 6 July 2021 11:26 AM
To: Kathleen Logan ; Peter McIntyre
Subject: RE: are children more vulnerable to Covid vaccine side-effects?

Thanks for the email - I am not sure of the exact question but if the person is asking about side effects and the mRNA vaccine (COVID vaccine being used in NZ. I am unsure what the Q exactly is - side effects are more common in younger people and children however children are not 'more vulnerable' to side effects - ie these effects are expected and self resolving

The common side effects of the mRNA COVID vaccine used in NZ are arm pain, fever, fatigue, and body aches/chills.

These common side effects last 1-2 days after the vaccine. These are more common in younger people 55 yrs)

This vaccine is now licensed for use in the US and other countries for use in children aged 12-15 yrs - the safety and effectiveness information is from a large trial on this age group (details below). It is not an experimental vaccine and this vaccine had been used in millions of people before and along with being used in a trial involving children and now being more widely used in age groups aged 12 years and above overseas.

Vaccinations in children are not experimental and have been done with all of our vaccines which continue to be commonly used in our schedule every day (influenza, meningitis and whooping cough vaccines).

In NZ Medsafe has preliminarily also approved this COVID vaccine for this age group 12-15 yrs based on evaluating the safety and efficacy information.

Detail

The large randomized trial which led vaccine for 12-15 yrs being approved for broader use in the United States (early May 2021) had approx. 2,200 children/young people aged 12–15 years receiving either vaccine or saline (salt water). They were followed up at least 2 months after vaccine (although that would be longer now).

The short term minor side effects after the vaccine were common (arm pain, redness on arm) seen in 90%.

The generalised or systemic side effects (fever, fatigue, headache, chills) were also common but at about the same rates as for people aged 18-55 yrs. The general effects were more common after the second dose than first dose

Side effects occur within 1–4 days after vaccine and resolving within median of 1–2 days.

In children the severe local/systemic side effects (defined as interfering with daily activity) were in about 10% reported - the most common symptoms were fatigue (3.5%), fever (3.0%), headache (2.7%), chills (2.1%), and injection-site pain (1.5%). Only one person had a symptoms that meant they needed to see a Dr (fever >40)

There were no serious adverse events considered to be related to vaccination. No specific safety concerns were seen

Thanks

Emma Best

Emma Best

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Auckland District Health Board

From: Kathleen Logan <K.Logan@occ.org.nz>

Sent: Monday, 5 July 2021 9:54 am

To: Peter McIntyre <peter.mcintyre@otago.ac.nz>

Cc: Emma Best <e.best@auckland.ac.nz>

Subject: are children more vulnerable to Covid vaccine side-effects?

Morena Peter (if I may)

I have a question: **Are children more vulnerable to the side effects of the Covid19 vaccine?** If there is no evidence of that, I can say so in my response to a writer:

We have received a letter asking that the Children's Commissioner oppose children's participation in Covid19 vaccines due to them still being 'experimental' and keeping children (who can't consent to research participation) out of it. I disagree to the latter, and our position on vaccines is to follow the official advice of the Director General of Health (and the government, which is to quash any anti-vaccine rhetoric).

Sorry to keep bothering you, but we appreciate your expertise. I would like to reply to her by the 12th July, if you can get back to me before then. Thank you very much.

Ngā mihi nui

Dr Kathleen Logan

Senior Advisor, Strategy Rights & Advice

Te Tari o te Kaikomihana mō ngā Tamariki
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