

Decision support:

Helping parents make decisions about vaccinating their children aged 5-11 against COVID-19

What are the options?

My child gets the COVID-19 vaccine now

OR

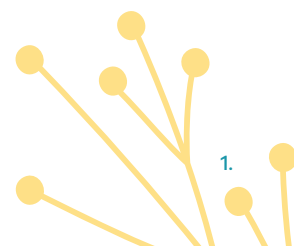
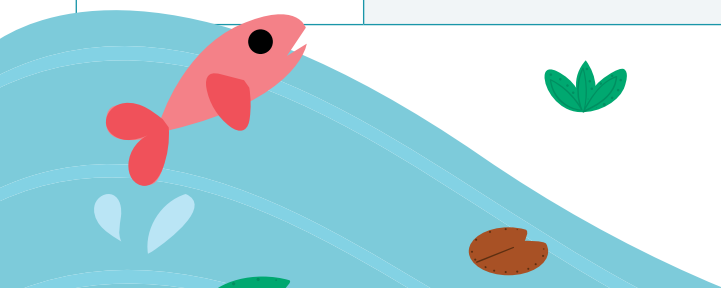
My child waits, or doesn't get the COVID-19 vaccine



Explaining the options

This guide talks about two vaccines: the Pfizer COVID-19 vaccine (Comirnaty), which is available for children aged 5-11 years, and the Moderna COVID-19 vaccine (Spikevax), for children aged 6-11 years.

Questions	My child gets the COVID-19 vaccine now	My child waits or doesn't get the COVID-19 vaccine
How many vaccine doses are there?	Pfizer: Two vaccine injections, 3 to 8 weeks apart, depending on your child's risk factors. The vaccine dose is one third the adult dose. Moderna: Two vaccine injections, 4 to 8 weeks apart. The vaccine dose is half the adult dose.	None.
How will this affect what my child can do?	Your child is less likely to get COVID-19 than a child who is not vaccinated. This means they are less likely to need to stay home, go to the doctor, or miss school or other activities.	Your child is more likely to get COVID-19 than a child who is vaccinated. This means they may need to stay home, get medical care, miss school or other activities.
What are the benefits?	Your child will reduce their risk of COVID-19 infection now and from future variants. They will be less likely to have severe disease that requires admission to hospital. The vaccine also reduces spread to others.	Your child will not have any side effects that may happen after a COVID-19 vaccine.
What if my child has already had COVID-19?	It is recommended that your child gets the vaccine three months after they had a COVID-19 infection. The vaccine gives your child the best protection against future infection.	Your child is unlikely to catch COVID-19 again straight away, but it's unclear how long this protection will last. It is possible that they may catch COVID-19 again, particularly if there is a new variant.
What are the risks?	Your child may experience common and mild side effects that usually go away in a few days. These include a sore arm, feeling tired, headache, body ache, fever or chills. Very rare but serious side effects can occur such as anaphylaxis. This is a treatable severe allergic reaction that can happen immediately after getting the vaccine.	Your child may get COVID-19. They might have no or mild symptoms like: sore throat, runny nose, feeling tired, headache, body ache, fever or chills, cough or shortness of breath, and issues with taste and smell. Rarely , your child might get very sick and need to go to hospital, especially if they have pre-existing medical conditions, like a lowered immune system. The risk of death in children is extremely rare .
What about myocarditis (inflammation of the heart)?	Very rarely , your child might develop myocarditis after their COVID-19 vaccine. This occurs more commonly in teenage boys after the second dose. Myocarditis related to the vaccine is less common than myocarditis from COVID-19 infection.	Rarely , your child might develop myocarditis after getting COVID-19. This is more common in teenage boys. Myocarditis from COVID-19 infection is more common and can last longer than myocarditis related to the COVID-19 vaccine.
What are the long-term effects?	No long-term safety concerns have been identified in Australia or around the world. There are no vaccines that cause side effects that appear more than 6-8 weeks after vaccination. Australia has a strong vaccine safety surveillance system that helps to monitor and investigate side effects.	Rarely , your child might have symptoms that last more than 1 or 2 months after COVID-19 infection, known as long COVID. Long COVID in children is less common than in adults. Rarely , your child might develop Multisystem Inflammatory Syndrome in children (MIS-C) 2-6 weeks after COVID-19 infection. Children with MIS-C can be very sick and many require hospitalisation.
Will my child have to miss school?	Your child does not have to miss school to get the vaccine if they go outside of school hours. If your child has side effects they may need 1-2 days off school, but most children don't need this.	Your child will need to spend at least 7 days at home if they get COVID-19. You and your family will also need to take time off work or stay home from school to isolate for at least 7 days in most cases.
What if my child has a disability?	Children with a disability are no more likely to have vaccine side effects than other children. State vaccination hubs have accessible options and supports for your child.	Children with a disability may be at increased risk of serious illness if they get COVID-19.



Reasons to Vaccinate, Wait, or Not Vaccinate your Child



Consider the following reasons to vaccinate or to wait or not vaccinate your child with the COVID-19 vaccine. Use this tool to decide how important each reason is to you. You may want to print this out and bring it to your GP to discuss.

Reasons to vaccinate your child now	Importance		
	Very	Slight	Not
My child will be better protected from common symptoms of COVID-19 like sore throat, cough and fever.			
My child will be better protected from rare but severe COVID-19 illness that could send them to hospital.			
My child will be better protected from long COVID and MIS-C.			
My child is at increased risk of getting COVID-19 because someone they spend a lot of time with works in a high-risk setting.			
My child is at an increased risk of severe COVID-19 illness.			
My child will be less likely to spread COVID-19 to friends and family members who can't be vaccinated or who have an increased risk of severe COVID-19 illness.			
I may feel guilty if my child gets COVID-19 and I didn't vaccinate them.			
My child will be better protected when there are many cases of COVID-19 in our community.			
My family, friends and community might disagree with my choice to not vaccinate my child, and I may feel judged.			
I want my child to have some protection against future variants.			
Add your own:			

Reasons to wait or not to vaccinate your child	Importance		
	Very	Slight	Not
My child might have some of the short-term side effects of the vaccine, like a sore arm, headache or fever.			
COVID-19 may only cause mild symptoms for my child. Severe illness is rare.			
My child is afraid of needles - getting the vaccine might be upsetting for them.			
I want to wait for more information about the vaccine and rare side effects like myocarditis.			
My child has had a previous anaphylactic reaction to a vaccine ingredient.			
Following health advice, like distancing and wearing masks, is enough to lower the risk of getting COVID-19.			
I may feel guilty if my child has a side effect from the vaccine.			
My child will be at a low risk of getting COVID-19 when COVID-19 cases are low in the community.			
My family, friends and community might disagree with my choice to vaccinate my child, and I may feel judged.			
My child just recovered from COVID-19.			
Add your own:			

Next steps



Considering the explanation and reasons for each option, are you ready to make a decision?

I've decided to vaccinate my child	I'm still unsure, or I'd like to wait or I've decided not to vaccinate my child
<p>Vaccines are available at most general practices, pharmacies, Aboriginal Controlled Community Health Organisations, and State vaccination centres. Book here</p> <p><u>Tips for talking about vaccines with your children</u></p> <p><u>Tips for dealing with needle phobia</u></p>	<p>Make a plan: what might make you revisit the decision?</p> <ul style="list-style-type: none"> • Case numbers increase • New variant affects children more • Add your own: <p>What would you like to know more about?</p> <p>Write questions for your doctor:</p>

To access a detailed, interactive tool to support your decision-making, click here:

www.ncirs.org.au/covid-19-decision-aid-for-children

This tool was last updated on 4 May, 2022.

It was developed by the Vaccine Uptake Group at the Murdoch Children's Research Institute on behalf of the Victorian Department of Health. The content has been reviewed by Dr Jane Frawley, University of Technology Sydney.

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