My five-year-old is now eligible for a COVID vaccine. Should I get them immunized?

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Since 2020, we've heard that COVID is mainly a problem for the elderly or vulnerable. Vaccines have dramatically improved their protection against the disease, but children and younger people—because it's

perceived that COVID poses little risk to them—have remained at the bottom of the list when it comes to immunizations. COVID vaccines are only now becoming available for under-12s in the UK.

The health secretary has deemed vaccinating 5- to 11-year-olds "non-urgent," which I think is wrong, as I have argued previously. Like many parents, I have witnessed a tidal wave of COVID in our schools in recent months, as the government has prioritized school attendance while removing most measures to contain the virus. Thankfully, I don't personally know any children that have suffered severe disease or developed long COVID. But that doesn't mean this doesn't happen—we need to consider the population as a whole, as we might for road traffic accidents, for example.

So I strongly support the childhood COVID vaccine, and not just as a virologist, but as a parent too. I am among the unlucky few to experience a child becoming seriously unwell, my son being admitted to hospital at just 14 weeks with bacterial meningitis. My wife somehow endured staying with him through lumbar punctures, injections and sleepless nights while I cared for our daughter; we were all overwhelmed. Timely antibiotics thankfully spared my boy from the worst, but on subsequent clinic visits I witnessed first-hand how lucky we had been. If he had been older, further childhood vaccines would likely have prevented it happening.

Small percentage risks can often sound reassuring, and indeed, the risks of young children getting severely ill from COVID are small when compared to the risks for adults. But this is the wrong comparison. The reality is that with COVID continuing to be so prevalent, the percentage risk posed by the disease translates into ever more severe cases in children. This becomes more apparent when you look at their risk separately from adults and see how COVID is affecting children's health.

Children simply don't die in great numbers compared to adults, as we would hope, and public health has seen steadily reducing juvenile death rates since the 1980s. In 2020, there were fewer than 800 deaths in children aged between one and 15, with only 20 or so attributed to COVID. However, the return to schools in 2021 saw this increase dramatically, with over 120 COVID deaths in under-19s according to the Office for National Statistics. Under-18s represented over 8% of hospitalizations during the January omicron peak, and COVID is now among the top causes of childhood mortality in the UK.

On top of the initial infection, the impact of long COVID upon a child's life is almost unimaginable. Thousands of children have experienced debilitating illness for more than 12 months after catching the coronavirus, some even since the beginning of the pandemic, and cases are growing. Plus, we have yet to determine the full impact of omicron.

Knowing that COVID causes other long-term complications—such as organ damage and, specifically in children, pediatric multi-system inflammatory syndrome—and that vaccines can prevent infection and are highly effective at preventing severe COVID disease and death, protecting young children with them is surely a no-brainer. The notion that children can gain future protection by catching the coronavirus is irresponsible by comparison.

Parents rightly worry about new medicines, which have the potential to cause rare and possibly severe side-effects. One that has come to light is inflammation of the heart (known as myocarditis). It's a particular issue in male adolescents, but the risk has been reduced in this age group in the UK by increasing the gap between young people's first and second doses. It also appears to be vanishingly rare in younger children because they receive a smaller vaccine dose. This risk far outweighed by the potential for adverse effects from the virus, including more severe and long-lasting heart inflammation stemming from infection.

Much like a seatbelt, in the rare event that it's needed to stave off the worst, I'd much rather my child have a COVID vaccine than be without one. Nobody knows what may follow omicron, or how the wave of its new, even more infectious BA.2 sub-variant will play out—so why not protect against the relatively slim chance of tragic consequences? There is no such thing as a "mild hospitalization," especially when it's your child on the ward.

You only need look at the comparatively well vaccinated over-16s group to see what difference could be made in terms of avoiding school disruption and improving safety for kids and staff alike. Reduced community transmission will be essential if we are ever to truly "live with" the virus. Our safe and effective vaccines lay the path towards this goal, the sooner we take it the better for all.

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