



ATAGI recommendations for a booster dose of the paediatric Pfizer COVID-19 vaccine in children aged 5 to 11 years

Recommendations from the Australian Technical Advisory Group on Immunisation (ATAGI) on Pfizer booster doses for children aged 5 to 11 years.

Date published:

24 October 2022

Type:

News

Intended audience:

General public



Recommendations

- ATAGI recommends that a booster dose of the Paediatric Pfizer COVID-19 vaccine (10mcg, ancestral strain) may be given to the following children aged 5 to 11 years who have completed a primary course of vaccination 3 or more months ago:
 - those who are severely immunocompromised
 - those who have a disability with significant or complex health needs
 - those who have complex and/or multiple health conditions that increase the risk of severe COVID-19

- Currently, Spikevax (Moderna) and the bivalent COVID-19 vaccines are not licensed for use as booster doses in this age group.
- ATAGI continues to recommend a 3-month interval between a recent confirmed SARS CoV-2 infection and a scheduled dose of COVID-19 vaccine.
- ATAGI does not recommend that a booster dose of COVID-19 vaccine be given to all children aged 5 to 11 years. There is insufficient evidence of severe disease in otherwise healthy children in this age group who have already received two primary doses of a COVID-19 vaccine. ATAGI continues to recommend that all children aged 5 to 11 years complete a primary vaccine course of 2 doses of COVID-19 vaccine, 8 weeks apart. A third primary dose from 2 months after dose 2 is recommended for those who are severely immunocompromised.

Rationale

Children aged 5 to 11 years who are at an increased risk of severe disease may receive a booster dose.

The current primary aim of the Australian COVID-19 vaccination program is to prevent severe disease, including hospitalisation and death. From first principles, ATAGI have identified three groups of children aged 5 to 11 years who may be at greater risk of severe disease from COVID-19 compared to their peers:

- those who are severely immunocompromised
- those who have a disability with significant or complex health needs
- those who have complex and/or or multiple health conditions.

A booster dose of COVID-19 vaccine may offer additional protection against severe disease, noting the overall risk of admission to an intensive care unit and death in this age group remains very low.¹

A third primary dose from 2 months after dose 2 is recommended for children aged 5 to 11 years who are severely immunocompromised. The first booster dose for this cohort will be their 4th dose of a COVID-19 vaccine. The effectiveness and safety of a 4th dose in this age group is unknown, but the benefits are likely to outweigh the risks. There have been no safety concerns in severely immunocompromised people aged 12 years and older.

Booster doses are not recommended for all children aged 5 to 11 years

At the current time, there is insufficient evidence that a booster dose of a COVID-19 vaccine provides additional protection against severe disease for the majority of children aged 5 to 11 years.

Early data suggest children aged 5 to 11 years have a very low risk of hospitalisation and death from COVID-19, especially if they have completed a primary series of vaccination.¹ There has been a reduction in the number of cases of multi-system inflammatory in children (MIS-C) and no confirmed deaths from COVID-19 in Australian children aged 5 to 11 years during the Omicron wave.^{1,2}

A substantial proportion of Australian children in this age group have been infected with the Omicron variant of SARS-CoV-2 over the last 9 months.³ Although data are limited, past infection probably provides additional protection against severe disease, especially in those children with a completed primary series.

Children aged 5 to 11 years who are not severely immunocompromised should receive 2 doses of an approved COVID-19 vaccine, 8 weeks apart, as a primary series.

Advice may change as evidence emerges

This advice may change as new evidence or vaccines emerge or the aims of the vaccination program respond to local epidemiology (e.g. a new variant of SARS-CoV-2 becomes predominant). ATAGI will continue to regularly review the role of booster doses in all children aged 5 to 11 years.

References

1. Paediatric Active Enhanced Disease Surveillance (PAEDS). Interim analysis of PAEDS surveillance data (provided in confidence). Westmead: National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases, PAEDS; 2022.
2. Lopez L, Britton PN (in press). Multi-system Inflammatory Syndrome in Children (MIS-C) is lower risk with Omicron variant. *The Lancet Regional Health - Western Pacific*
3. Paediatric Active Enhanced Disease Surveillance (PAEDS). Interim analysis of PAEDS seroprevalence data (provided in confidence). Westmead: National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases, PAEDS; 2022.

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