

Questions to Discuss with Your Child's Primary Care Practitioner

These questions are intended to help you make informed decisions and think critically about your child's health and risk of disease. It is not to replace advice from your primary healthcare practitioner but rather to open up the dialogue for conversation with them. It's up to you as a parent to have all the information available so you feel confident in all your decisions regarding your child's health.

1. What is the risk of harm from COVID-19 if my child does catch it?
2. What is the death rate for children from COVID-19?
3. If my child gets vaccinated for COVID-19, can they still get sick? Can they still spread COVID-19?
4. What are the long-term safety studies showing for this vaccine? What are all of the ingredients in the Pfizer vaccine for children? Are they all proven to be safe? What ingredients could potentially be allergenic for my child, both anaphylactic and delayed?
5. If my child has a side effect or an adverse reaction to the vaccine, what are my options? Will the pharmaceutical company be held liable?
6. What are the risks of the vaccine vs. the risk of COVID-19 for my child? If we know myocarditis has occurred in teens and young adults, what's to say this won't happen to my child?
7. My child has a pre-existing health issue. Since the clinical trials only have healthy children enrolled, is this vaccine safe for my child?
8. I'm worried about my child getting COVID-19 and making older people sick. Is it possible they can spread it?
9. Is it possible to have my child tested for antibodies before vaccination?
10. What other measures can I take to ensure my child has a healthy immune system?

Considerations to Discuss with Your Child’s Primary Care Practitioner

The following information is here to provide more information and context to the questions on page 1.

1. What is the risk of harm from COVID-19 if my child does catch it?
2. What is the death rate for children from COVID-19?

Children are well equipped, better than adults, to deal with COVID-19. [This study shows](#) “the airway immune cells of children are primed for virus sensing, resulting in a stronger early innate antiviral response to SARS-CoV-2 infection than in adults”.

True “long covid” (i.e. symptoms lasting longer than 3 months) is very rare in children. [Source here](#). However, this tweet sums up the [data nicely](#) from the aforementioned article.

Covid-related multisystem inflammatory syndrome in children (MIS-C) is a serious but very rare condition, affecting between [1 in 5000](#) and [1 in 50,000](#) children (i.e. less than 0.02%). Of note, vaccination against COVID-19 [may cause](#) MIS-C (due to an immune reaction to the spike protein).

Risk of death from COVID-19 is extremely low. [According to the CDC](#), the following is true for children under 18 years of age as of November 16th, 2021. Among 74 million children in the U.S. as of November 16th, 700 children had died “involving” COVID-19. That represents 0.009% of children.

In the U.S., in 5-11 year olds, under 100 deaths have occurred amongst 28 million children in that age group. In that same period of time, over 60,000 children died from other causes. The survival rate for children who do get infected is 99.998%. Children have a greater risk of dying in an accident than from COVID-19, [Canadian data shows](#).

A team of Johns Hopkins researchers recently reported that when studying a group of about 48,000 children they found zero COVID deaths among healthy kids. [You can read more here.](#)

3. If my child gets vaccinated for COVID-19, can they still get sick? Can they still spread COVID-19?

A vaccinated child can still get COVID-19 and they can still spread COVID-19. The notion that they can't is one of the biggest predominant misconceptions. The vaccine has been shown to reduce severity of the illness, but not the spread of the virus.

[Data from Israel](#), which has one of the highest vaccination rates in the world, also has one of the highest infection rates in the world. While vaccination in adults shows a reduction in hospitalization and death, the same cannot be said for children because deaths are close to nil and hospitalizations are extremely rare, therefore this cannot be evaluated.

Children are more likely to catch COVID-19 from an adult versus passing it on to an adult. The Pfizer trial on children did not show that the vaccine reduces ICU admissions or hospitalizations because there were no severe cases of COVID-19 in the trial, therefore its effectiveness as it pertains to hospitalization could not be adequately evaluated.

4. What are the long-term safety studies showing for this vaccine? What are all of the ingredients in the Pfizer vaccine for children? Are they all proven to be safe? What ingredients could potentially be allergenic for my child, both anaphylactic and delayed?

There are no long term safety studies on the COVID-19 vaccine for children. The Pfizer trial on children began in [March 2021 and is not expected to be completed until July 2024](#). Additionally, the [Pfizer trial](#) is an extremely small trial with only 4,500 total children, making it difficult to detect safety signals for a population in the millions. For comparison, other vaccine trials for childhood disease take up to

25 years of research as they go through multiple phases of study, [according to Dr. Paul Offit MD.](#)

Additionally, the Pfizer COVID-19 trial has *only* enrolled healthy children. The following highlights some of the study's exclusion criteria:

- *Immunocompromised individuals with known or suspected immunodeficiency, as determined by history and/or laboratory/physical examination.*
- *Individuals with a history of autoimmune disease or an active autoimmune disease requiring therapeutic intervention, including but not limited to systemic lupus erythematosus. Note: Stable type 1 diabetes and hypothyroidism are permitted.*
- *History of severe adverse reaction associated with a vaccine and/or severe allergic reaction (eg, anaphylaxis) to any component of the study intervention(s)*

This means if your child is immunocompromised, has an autoimmune disease, has severe allergies, has been harmed from a previous vaccine etc.— there is zero data on safety of the COVID-19 vaccine. Read more about the [exclusions here.](#)

Note that children with previous COVID-19 infection were only excluded in phase 1.

Page 14 of this [FDA document](#) discusses the vaccine formulation for 5-11 year olds. However, in this [CDC document titled “Formulation: 5 through 11 years of age”](#) that is distributed to healthcare providers, there is no mention of what is in the vaccine so this may be a difficult question for your healthcare provider to answer.

5. If my child has a side effect or an adverse reaction to the vaccine, what are my options? Will the pharmaceutical company be held liable?

Report this immediately to your doctor. Governments have given pharmaceutical companies full immunity from any liability of harm due to vaccines, as outlined by

the [National Childhood Vaccine Injury Act](#), created in 1986. This applies to *all* vaccines.

6. What are the risks of the vaccine vs. the risk of COVID-19 for my child? If we know myocarditis has occurred in teens and young adults, what's to say this won't happen to my child?

We don't know what we don't know. Until the vaccine is fully rolled out to the general population of children 5-11 year olds, we simply can't say. **However, we do know that COVID-19 is nothing more than a mild illness in children.**

7. My child has a pre-existing health issue. Since the clinical trials only have healthy children enrolled, is this vaccine safe for my child?

Per point #4, Pfizer excluded children with existing health conditions from the trial. For example, there is no safety data for children with autoimmune conditions.

8. I'm worried about my child getting COVID-19 and making older people sick. Is it possible they can spread it?

Children are unlikely to cause household clusters, shows [this study](#) or be major drivers of the pandemic, even if attending school—it is more likely for an adult to pass infection along to a child but remember that children are at an extremely low risk of death from COVID-19. Additionally, children's immune responses seem to eliminate the virus before it replicates in large numbers according to [this study](#). According to the journal *Pediatrics*, [an article titled: COVID-19 Transmission and Children: The Child is Not to Blame](#) makes the case that while children can be infected, they are not great spreaders of COVID-19 and they are only mildly symptomatic.

9. Is it possible to have my child tested for antibodies before vaccination?

Yes. There is a test that can measure some (but not all) antibodies. However, even if your child had COVID-19 before and shows no antibodies, this does not mean they do not have natural immunity. Antibodies don't tell the whole story. The

immune system is intricate and complex, and they likely have long lasting T and B cell immunity that may last a lifetime. [According to the NIH](#), lasting immunity is found after having COVID-19.

10. What other measures can I take to ensure my child has a healthy immune system?

There are hundreds of peer-reviewed studies that show the benefits of inexpensive natural means to both improve the immune response, and more specifically, decrease the severity and risks of complications for COVID-19.

Consider the following natural ways to support your child's immunity:

Vitamin D3

Nature

Daily movement

Probiotics + fermented foods

Fruits and vegetables

Healthy fats and adequate amounts of protein

Please ask your child's primary healthcare provider for more information on natural ways to support your child's immune system.