

UK COVID-19 vaccine roll out for 5-11-year-olds mired in delays during unprecedented virus surge

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Under conditions of an unprecedented rise in COVID cases, young children are being placed at continued risk by the delay of the vaccination programme for 5-11-year-olds.

National Health Service (NHS) staff only began vaccinating children aged 5-11 from April 4. Local vaccination centres or community pharmacies are being used rather than schools.

Huge numbers of children and their families have already been infected or re-infected needlessly. Last month, Office for National Statistics (ONS) data revealed that the highest infection rates for all age groups were among these unvaccinated 2-11-year-olds, expected to attend pre-school settings, nurseries and primary schools with no mitigation measures in place at all—no masks, no appropriate ventilation, no social distancing.

By January 2022, cumulative cases of COVID in the 0-19 age group had reached 3 million. Due to the unrestricted spread of the disease, in several variants, by April 13 this total had reached over 4.4 million in the 0-19 age group in England alone.

ONS figures from April 13, tweeted by Safe Education for All member @tigresseleanor, show that among children aged 0-9 there have been a total of 1,548,770 cases; among those 10-14 there have been 1,576,132 cases.

Child hospital admissions have increased since the April 1 decision to end the provision of free tests, including in schools. By April 13, total child COVID hospital admissions had reached 23,592. Of these 12,808 were aged 0-5, and 10,784 aged 6-17. On that day a further 95 children were admitted to hospital. There are over 150,000 children suffering with Long COVID and some 161 children have died from COVID in the UK, the highest toll in Europe, followed by Ukraine with 85.

The Joint Committee on Vaccination and Immunisation (JCVI) has now advised that all children in the 5-11 age group be offered two 10 microgram doses of the Pfizer-BioNTech COVID-19 vaccine, a third of the strength given those aged 12 and over, with an interval of at least 12 weeks between doses—or 8 weeks for children who have medical conditions that put them at increased risk from the virus or who live with someone with a weakened immune system.

Almost five million children are eligible for two doses of the vaccine following the updated guidance, which recommends children can benefit from a “non-urgent offer of the vaccine.”

The phrasing consciously downplays the dangers. The JCVI and the Royal College of Paediatricians and Child Health (RCPCH) have been at pains to stress that COVID-19 is mild in children and that therefore the benefits of vaccination are minimal, in service to the government’s reopening agenda.

President of the RCPCH Dr Camilla Kingdon responded to the JCVI announcement by saying, “Any decision to vaccinate should be a matter of choice and it should never be mandatory.” Developing a false narrative that COVID vaccinations for children will reduce the uptake of other childhood vaccinations such as Measles, Mumps and Rubella (MMR), Kingdon stated, “The COVID-19 vaccination must not displace others”.

The opposite is more likely. There are financial incentives for GPs to meet MMR vaccination targets. These are being made more stringent, with the BMJ warning, “GPs in deprived areas now face being penalised financially at a time when they may need extra resources to improve uptake.” All of which threatens to sideline COVID vaccination.

Children aged 5-11 years who have serious medical

conditions that put them at increased risk from COVID-19 or who live with someone with a weakened immune system have been eligible for the vaccine for some time, but even among these more vulnerable children there have been significant delays in accessing the vaccine.

Since the NHS National Booking System opened on April 2 for families of 5-11-year-olds, only around 40,000 have booked a vaccination appointment. This is a drop in the ocean, and it is not hard to see why. There has been little to no vaccine promotion, with the task being left to schools to inform parents via email where they can be accessed.

The continued downplaying of the risks for children and delay in organising vaccination, giving fuel to the anti-vax movement, has also had an impact on scientific awareness in the population.

ONS research found that “For pupils aged 5 to 11 years, 62% of their parents said they were likely to agree to their child having a COVID-19 vaccine compared with 24% who said they were unlikely to agree to their child having a vaccine (22 November to 15 December 2021). The most common reasons for parents not wanting their child to be vaccinated included worrying about the side effects (54%) and wanting to wait to see how it works for children aged 5 to 11 years (49%).”

Delayed vaccinations for 5-11-year-olds follows a similar story for 12-15-year-olds, finally provided jabs, through schools, midway through the autumn term. The vaccine rollout among children was delayed for months after the JCVI decided against recommending vaccination for almost all under-18s.

Documents leaked in May last year revealed that the JCVI made its decision with the claim, ripped straight from the “herd immunity” playbook, that “Circulation of covid in children could periodically boost immunity in adults.” The document added that “Children rarely develop severe disease or die of COVID-19; even children with underlying comorbidities have a very low risk”.

By the time the government—under mounting pressure from concerned parents and educators—made the decision that some school-age groups, excluding those under 12, should be vaccinated, the entire summer period had been lost. The vaccine programme among 12–15-year-olds was finally rolled out in late September, but it has been marked by chaos, reaching only a fraction of pupils. Only 19.3 percent of this age group had been vaccinated by the end of October, according to a UK Health Security Agency estimate. Over 40 percent of schools had not

received the single vaccine for their pupils by half term (October 25, 2021).

Over two months later, masses of children are still unvaccinated with the required at least two doses. The latest ONS update published February 1, reads, “As of 9 January 2022, 52.5% of pupils aged 12 to 15 years and 69.7% of pupils aged 16 to 17 years in state-funded schools in England have received at least one dose of a coronavirus (COVID-19) vaccine, while 5.8% and 46.0% respectively have received two doses.”

Government indifference over vaccination for children runs parallel with new isolation guidance for people aged 18 and under in England which states: “If they have mild symptoms like a runny nose, sore throat or slight cough, they can still go to school or college. If they have a temperature or are unwell the advice is for them to stay at home and avoid contact with others where possible—they can go back to school when they are well enough and don’t have a temperature. Testing isn’t recommended—but if they test positive they should try to stay at home for three days”.

With free testing having ended and a single test costing £3, parents already facing a steep rise in the cost of living estimated to plunge 1.3 million people into absolute poverty in the UK will be left with little choice but to try to manage without a test and risk their loved ones catching the virus.

Many schools have had to close again in the last week due to staff and pupil infections. Faced with an unprecedented crisis, the headteacher unions are demanding the return of free lateral flow tests, with the general secretary of the National Association of Headteachers (NAHT) Paul Whiteman saying the current setup “feels reckless in the extreme”.

But the Johnson government’s reckless policy of “living with COVID” is one with which all of the teaching unions have collaborated. School workers and parents who instead want to fight against the pandemic are invited to join the Educators Rank-and-File Safety Committee (UK). The Committee’s Twitter page can be followed here.



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