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From: PSSajidJavid

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PLEASE DO NOT CIRCULATE FURTHER

Attendees: SoS, Perm Sec, Clara Swinson, Antonia Williams (AW), CMO, JVT, Maddy McTernan, Julie Alexander, **NR** [redacted] Keith Willett, Nikki Kanani, James Sorene, Emma Dean, Beatrice Timpson, Natasha Price, Luke Collet-Fenson, **NR** [redacted]

- SoS considered the written JCVI advice on vaccinating children before the meeting. He explained that he can't see any reason we'd explicitly go against it, and if he did, it would be hard to justify. He agreed that we should move forward with publishing the advice so as not impede planning re vaccinating/protecting the 'at risk' groups that the Committee have decided should receive an offer of a vaccine;

- AW noted that JCVI aren't closing the door on expanding the eligible cohort; this advice is based on data currently available re signals of myocarditis and pericarditis in young people;
- CMO argued that JCVI are 'sitting on the fence'. They have failed to land on a conclusive view one way or the other. He said that at some point in the future the Committee will have to advise conclusively on whether they deem the benefits of the vaccine to outweigh the harmful impacts of children catching COVID, or whether it's safer for children to become infected with COVID in lieu of having received a vaccine. **Action: CMO stated that, on clinical grounds, he would write to the JCVI in the coming weeks to ask that the Committee answer that question.** The letter would stipulate a 'drop-dead date' by which time the JCVI would have to decide one way or the another. NHSE should be consulted on this date as it would directly impact on operational planning;
- JVT gave a brief overview of the international data re myocarditis safety signals and noted that it's unclear at this time how many young people might suffer from the long-term effects of myocarditis (scarring of the heart). JVT stated that the picture should be clearer within the next few weeks;
- SoS asked whether children receive the same dose as adults. JVT explained that the MHRA are looking into this. It's possible you could administer one dose, but further data is needed. Pfizer are currently doing half-dose studies, but he's not yet seen an interim readout on the data;
- SoS queried paragraph 32 of the sub ('This does not mean that Pfizer cannot be prescribed individually for 12-17 year olds....'). AW and JVT gave SoS an overview of the routes to regulatory approval. Under R174, a clinician could prescribe off label, where it's in the best interests of the child to do so;
- SoS asked clinicians about PIMS-TS, a rare inflammatory disorder related to previous COVID infection in children. CMO said it was a very rare condition but, proportionately, seems to have higher prevalence in those children with African genetic heritage/other ethnic minorities. SoS asked whether the letter CMO writes to JCVI could request them to consider the impact of this disorder on children, and whether that should be factored into future decision making. JVT noted that any such question should be asked in such a way to not undermine confidence in the vaccine programme;
- **Action:** Policy team to send up comms and parliamentary handling advice in due course;
- Post-meeting, **NR** [redacted] confirmed with SoS that he was content for the advice to be published. at the apt. time, to