



# Vaccination against COVID-19 for children age 5 to 11

## → COVID-19

### What is COVID-19?

COVID-19 is an infection caused by a coronavirus family. There are several types of coronavirus. Most cause mild symptoms and sometimes there are no symptoms at all. But some types of coronavirus can lead to more serious symptoms, and this is the case for COVID-19, which is caused by the SRAS-CoV-2 coronavirus.

### What are the SYMPTOMS of COVID-19?

The main symptoms in children can be confused with cold symptoms and include fever, cough, nausea and vomiting, stomach ache and diarrhea. Other symptoms may also appear, such as sore throat, headache, sore muscles, intense fatigue, major loss of appetite, sudden loss of smell with no stuffy nose, and trouble breathing.

### How does COVID-19 SPREAD?

COVID-19 spreads through droplets released into the air when an infected person breathes, speaks, coughs or sneezes. People without symptoms can spread COVID-19 without being aware of it. Transmission from contaminated surfaces or objects can occur but is not the main way the virus spreads.

It is very important that you give your consent to the vaccination on Clic-Santé or by filling out the consent form on the last page of this flyer according to the instructions given by the school.

- > Messenger RNA paediatric COVID-19 vaccine is offered to children aged 5-11 years.
- > Your child should wear a short-sleeved shirt on vaccination day.

### What are the POSSIBLE COVID-19 COMPLICATIONS?

While rare, the following are possible complications in children:

- Persistent symptoms lasting several months (long COVID-19): trouble breathing, fatigue, weakness, difficulty falling/staying asleep, and concentrating;
- Pneumonia and other respiratory issues;
- Heart problems;
- Neurological problems such as brain inflammation;
- Inflammation temporally associated with COVID-19, leading to organ dysfunction (Paediatric inflammatory multisystem syndrome [PIMS]) in the weeks that follow a COVID-19 infection even if the symptoms were mild or not observed.

### How can we STAVE OFF COVID-19?

Vaccination provides the best protection from COVID-19 in conjunction with other measures such as physical distancing, wearing a medical (procedure) mask or a face covering, and hand-washing.

# → Vaccination

## WHY vaccinate children aged 5-11 years?

The purpose of vaccinating children aged 5-11 years against COVID-19 is to protect them from the disease and its complications, even if they are rare.

Vaccination also slows the spread of the virus and supports school, sports and social activities, helping children resume a more normal life as soon as possible. Vaccination can also avoid contaminating other, more vulnerable people.

## Which VACCINE is being used?

The Pfizer paediatric messenger RNA vaccine is being used for children aged 5-11 years. This is the very same vaccine used for people aged 12 years and older, but the dose of messenger RNA is three times less.

## Is the Pfizer paediatric messenger RNA COVID-19 EFFICIENT?

Yes. This vaccine is 91% effective in preventing COVID-19 in children after two doses.

## Is the Pfizer paediatric messenger RNA COVID-19 SAFE?

Yes. The Pfizer paediatric vaccine has been approved by Health Canada after successfully passing all steps required for approval. The vaccine has been quality-control studied in many children. Scientific experts closely monitor test subjects for the development of unwanted post-vaccination symptoms and take whatever measures are needed to ensure that the vaccine is used safely.

## HOW MANY doses of this vaccine are needed?

Two doses of Pfizer paediatric messenger RNA COVID-19 vaccine are needed. They are administered through intramuscular route. The second dose should be given 8 weeks or more after the first dose.

Children who already had COVID-19 will only need a single dose of the paediatric vaccine but can receive a second dose if they wish so. However, children with a weakened immune system will need the second dose even if they already had COVID-19. The person administering the vaccination will determine how many doses are needed on a case-by-case basis.

## How long will PROTECTION from COVID-19 last after vaccination?

Studies to better determine how long protection lasts are still ongoing. Protection last at least six months.

## Can the vaccine CAUSE COVID-19?

The vaccine cannot cause COVID-19 because it does not contain the virus that is responsible for the disease. However, anyone that was in contact with the virus in the days preceding or following vaccination could possibly develop COVID-19. As such, it remains important to continue using basic health practises.



## What are the **POSSIBLE REACTIONS** to the vaccine?

In youngsters, pain is most often felt at the injection site.

Less than 1 child in 2 may experience the following:

- Redness or swelling at the injection site;
- Headache;
- Fatigue;
- Muscle soreness.

Less than 1 child in 10 may experience:

- Shivering;
- Fever;
- Diarrhea or vomiting;
- Joint pain.



Most side effects only last for 1 or 2 days and occur more often after the second dose. More rarely, swollen armpit lymph nodes may occur in less than 1 child in 100.

Rare cases of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the tissue that surrounds the heart) have been observed in older children and adults, most often after the 2<sup>nd</sup> dose. In clinical studies, no cases were observed in children aged 5 to 11 years, but a very small risk of myocarditis or pericarditis cannot be excluded.

We recommend that you and your child remain at the clinic for at least 15 minutes after vaccination, because an allergic reaction may occur. If an allergic reaction occurs, the symptoms will appear a few minutes after vaccination. The person administering the vaccine will be able to treat the reaction immediately.

**See a doctor if chest pain, palpitations or shortness of breath develop.**

**Call Info-Santé 811 or a doctor, depending on the seriousness of symptoms.**

## What should I do **IF MY CHILD HAS A REACTION** to the vaccine?

Apply a cold, damp compress at the injection site to reduce pain, swelling, redness or itching. Take medicine like Tylenol or Ibuprofen like Advil to lower fever and discomfort.

You may receive an email from [enquete-vaccinocovid@canvas-covid.ca](mailto:enquete-vaccinocovid@canvas-covid.ca) or [infovaccination-fmss@canvas-covid.ca](mailto:infovaccination-fmss@canvas-covid.ca) asking you to participate in a survey on actively monitoring abnormal clinical events following COVID-19 vaccination. More information is available at [Quebec.ca/COVIDvaccine](https://Quebec.ca/COVIDvaccine). No personal information will be requested for the survey. People who report an abnormal clinical event will be subsequently contacted and, in this case, information such as date of birth and/or social insurance number may be requested.

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**CONSENT FOR VACCINATION  
AGAINST COVID-19  
FOR USERS UNDER THE AGE OF 14**

User's last and first name			
Mother's last and first name			
Father's last and first name (optional)			
Date of birth	Year	Month	Day Sex <input type="checkbox"/> M <input type="checkbox"/> F
Health insurance number (if available)	Year	Month	Expiry date
Address (number, street)			
City		Postal code	

GENERAL INFORMATION			
Name of school:		Class:	
Authorized person to consent to vaccination (last name, first name):		Status: <input type="checkbox"/> Parental authority <input type="checkbox"/> Guardian	
Area code	Home phone no.	Area code	Other phone no. <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email address:			

USERS UNDER AGE 14 (Written consent is not required for children age 14 and up, as they can provide their own consent for vaccination.)					
PRE-IMMUNIZATION QUESTIONNAIRE					
	QUESTIONS REGARDING YOUR CHILD'S HEALTH	YES	NO	N/A or IDK	DETAILS
1.	<b>Health problems</b> Do either of these situations apply to them: <ul style="list-style-type: none"> <li>• They have had a positif test for COVID-19.</li> <li>• They have symptoms of COVID-19.</li> <li>• You have noticed a recent change in their condition (e.g., appearance of unusual symptoms).</li> <li>• They have a health condition that requires medical monitoring or regular medication.</li> </ul> If either of these situations apply, please indicate details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<b>Immunosuppression</b> Do either of these situations apply to them: <ul style="list-style-type: none"> <li>• They take immunosuppressant drugs.</li> <li>• They have a disease that weakens the immune system, like cancer.</li> </ul> If either of these situations apply, please indicate the drug or disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<b>Previous reactions</b> Have they ever had a significant reaction (other than a food, seasonal, or pet allergy) after receiving a vaccine or other product that required a visit at the hospital? If yes, please tell us what product caused this reaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<b>Bleeding disorder</b> Do they have or have they had a blood clotting disorder (e.g., thrombosis, thrombocytopenia) requiring medical attention or are they taking an anticoagulant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<b>Immunization or blood products</b> Do either of these situations apply to them: <ul style="list-style-type: none"> <li>• They have received a vaccine in the last 14 days.</li> <li>• They have been hospitalized for COVID-19 treatment in the last 90 days.</li> </ul> If either of these situations apply, please indicate the treatment or vaccine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Legend:**  
 N/A : Not applicable  
 IDK: I don't know

User's last and first name

Record no.

**PARENT/GUARDIAN CONSENT (DECISION)**

As the parent or guardian of a child under the age of 14, you are in charge of vaccination decisions for this child.

Explanations to help you make an informed decision are provided in the leaflet attached to this form.

Your consent applies to 2 doses of COVID-19 messenger RNA vaccine (Pfizer).

If your child has already had positive test to COVID-19, the vaccinator will assess them and then administer the required number of doses; only one dose may be required.

**Indicate whether or not your child may be vaccinated against COVID-19 with Pfizer RNA COVID-19 vaccine.**

You may change your consent at any time.

- I CONSENT to have my child vaccinated against COVID-19.
- I DECLINE to have my child vaccinated against COVID-19.
- DOES NOT APPLY because my child has already been vaccinated against COVID-19.

**Parent's or guardian's signature:**

**Date**

Year    Month    Day