

Global Pharmacovigilance

The Safety of COVID-19 Vaccination in Children/Adolescents in LMICs Working Group Meeting: Coordinator Introduction

Minutes of the above meeting held on **Weds 13th April**, 11.00am BST via Zoom.

Present

Ryan Walker, Wen Wang, Ephraim Senkyire, Abdourahamane Diallo, Linda Matundura, Sunaram Beshra, Zayed Abo Ali, Sudha 'M', Sahithi Bogireddy, Kannan Chinnadurai

Note: All working-group registrants who had indicated an interest in a coordinating role within the group were invited to this introductory meeting.

Agenda

1 Background to Working Group

R. Walker (*Global Pharmacovigilance/The Global Health Network*) gave a presentation to provide a background to the working group.

The working group activities are part of a wider research project (R. Walker's PhD) '*Can building a community of Practice improve pharmacovigilance outcomes in low resource settings?*'. This project seeks to harness the knowledge and expertise of a 'pharmacovigilance community of practice' (the membership of [Global Pharmacovigilance](#)) to work together to address the current challenges facing pharmacovigilance in Low and Middle-Income Countries (LMICs). This research currently focuses on pharmacovigilance relating to COVID-19 vaccines in LMICs.

Previous Global Pharmacovigilance research activities (a survey and online workshop) have identified three priority areas of pharmacovigilance in LMICs during the COVID-19 pandemic:

- The safety of COVID-19 vaccination in pregnancy
- The safety of COVID-19 vaccination in children/adolescents
- Analysis of COVID-19 vaccination safety data

The intent is now to create working groups to explore and address the above priorities.

R. Walker presented demographic data describing the registrants of the proposed 'Safety of Covid-19 Vaccination in Children/Adolescents' working group (see below)

The Global Health Network's '[COVID Hub](#)' was provided as an example of The Network's previous experience in supporting research-based working groups.

2 Proposed Working Group Plans

- **Form a 'coordinating group'** of interested working group members to drive group activities, composed of the attendees of this meeting and extended to other interested members of the wider working group (see '4. Coordinator Role' below).
- **Determine an area for focus.** As the working group topic (the safety of COVID-19 vaccination in children/adolescents) is very broad, it should be explored further to elucidate key areas of concern within the subject. The area(s) for focus are to be decided by the group.
- **Discuss potential group outputs.** This could include the development of a tool or learning resource, e.g. online workshop/webinar, research protocol, SOP, communication resources, position papers etc. The outputs are to be decided by the group.

3 Co-ordinator Role

It is envisaged that the role of a group coordinator will be voluntary. The exact roles and responsibilities will be determined (if deemed necessary) by the group. Similarly, no time commitments will be specified and each group coordinator is invited to offer as much or as little of their time as they wish.

Global Pharmacovigilance/The Global Health Network will look to play a supportive, but not a guiding, role in group activities. Supportive activities may include the development and provision of an online space for group activities (directed by the group), support in the development of tools and resources, and the facilitation of research activities. Ultimately, it is envisaged that all activities will be led by the group.

4 Discussion

Attendees introduced themselves and were invited to share their comments on the proposed working group plans.

Providing a perspective from India, Sahithi Bogireddy shared that adolescent COVID-19 vaccination has only recently begun (in 12-14 year olds). Sahithi suggested that vaccine hesitancy (in relation to childhood vaccination) is not individual to COVID-19 vaccinations but is a concern for all vaccinations. Many parents and family members may lack an awareness of vaccination safety.

Linda Matundura (Kenya) suggested that whilst adult COVID-19 vaccine uptake in some regions may be poor, in areas where childhood vaccinations are mandatory (and are, for example, administered in schools) childhood/adolescent vaccine uptake may be very good. A challenge arises when children are removed from schools by their parents, or in communities with poor access to schools and educational institutions.

Ephraim Senkyire (Ghana) suggested that whilst in some regions vaccination rates may be very high, there may be examples of patients receiving a first dose of a COVID-19 vaccine, but then not considering the need for a second or booster dose. Religious and cultural reasons may also play a part in decisions regarding vaccination. Ephraim suggested that mothers may often have a very good knowledge of childhood vaccinations.

Abdourahamane Diallo (Guinea) shared experiences from previous clinical trials; children have not yet been included in the Solidarity (COVID-19) Trial but were include in previous Ebola vaccine trials.

The group agreed that raising awareness of the safety and efficacy of COVID-19 vaccination in children and adolescents was a key concern. In particular, an awareness of vaccine safety affects the confidence of the general public in vaccination programs. Awareness programs in schools and communities, targeted to parents and family members regarding the safety of COVID-19 vaccination in children, could be a valuable approach.

It was agreed that the group could look to develop resources, which might include leaflets, pictograms or posters, to highlight vaccination safety in children. The resources should be tailor made to specific target groups, which may include health-illiterate populations. Any resource should also be adaptable to future pandemics/diseases/vaccination campaigns

The group were also interested in how socioeconomic (age, social class, healthcare access) factors and geography might play a part in childhood vaccination rates.

There was a general desire to learn more about childhood/adolescent vaccination policies and strategies in different countries and regions. It was suggested that an online resource could be developed on Global Pharmacovigilance to map different approaches around the globe. The wider membership of the working group can be consulted to map vaccination policies from a wide range of countries (61 countries are represented in the working group).

Questions Raised in the Discussion

- 'How can parents be educated to take COVID-19 vaccination seriously?'
- 'How can equitable vaccination rates be achieved across children from different socioeconomic statuses?'
- 'What are the minimum ages other countries are vaccinating? What are the uptakes and the challenges encountered so far?'

5 Set Action Points for Next Meeting

- Further explore the theme of awareness in relation to COVID-19 vaccination safety in children/adolescents in LMICs
- Identify potential interventions (training resources/tools/leaflets etc.) to address this concern.
- Create an online space on Global Pharmacovigilance for group information. This should include a space for the proposed 'childhood vaccination policy map'
- Begin the collection of childhood COVID-19 national vaccination policies (identified by group members) to populate the proposed vaccination policy map.
- R. Walker to disseminate meeting minutes to all working group members and welcome further involvement in the coordinating group.

6 Agree date and time of the next meeting

The next virtual meeting will be held in approximately one month's time (Mid-May 2022 exact date to be decided closer to the time).

The Safety of COVID-19 Vaccination in Children/Adolescents in LMICs Working Group: Demographics

Group Registrants: 194

Countries Represented: 61

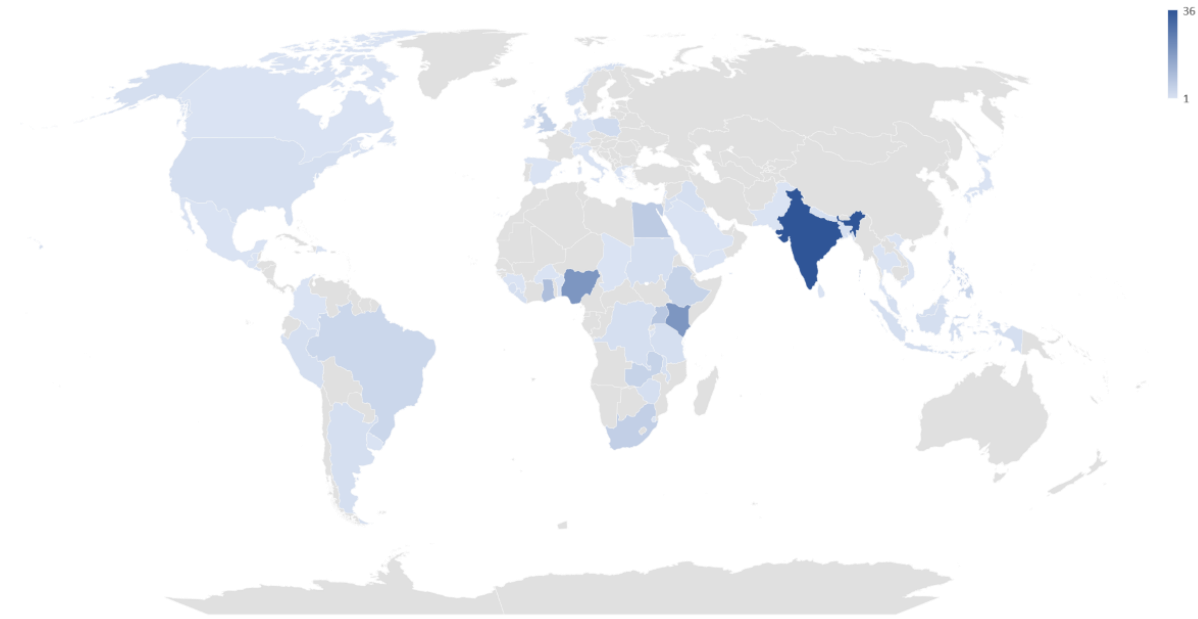


Fig 1: Working group registrants by country



Fig 2: The 10 most common job roles amongst working group registrants



Fig 3: The 10 most common institutions represented by working group registrants

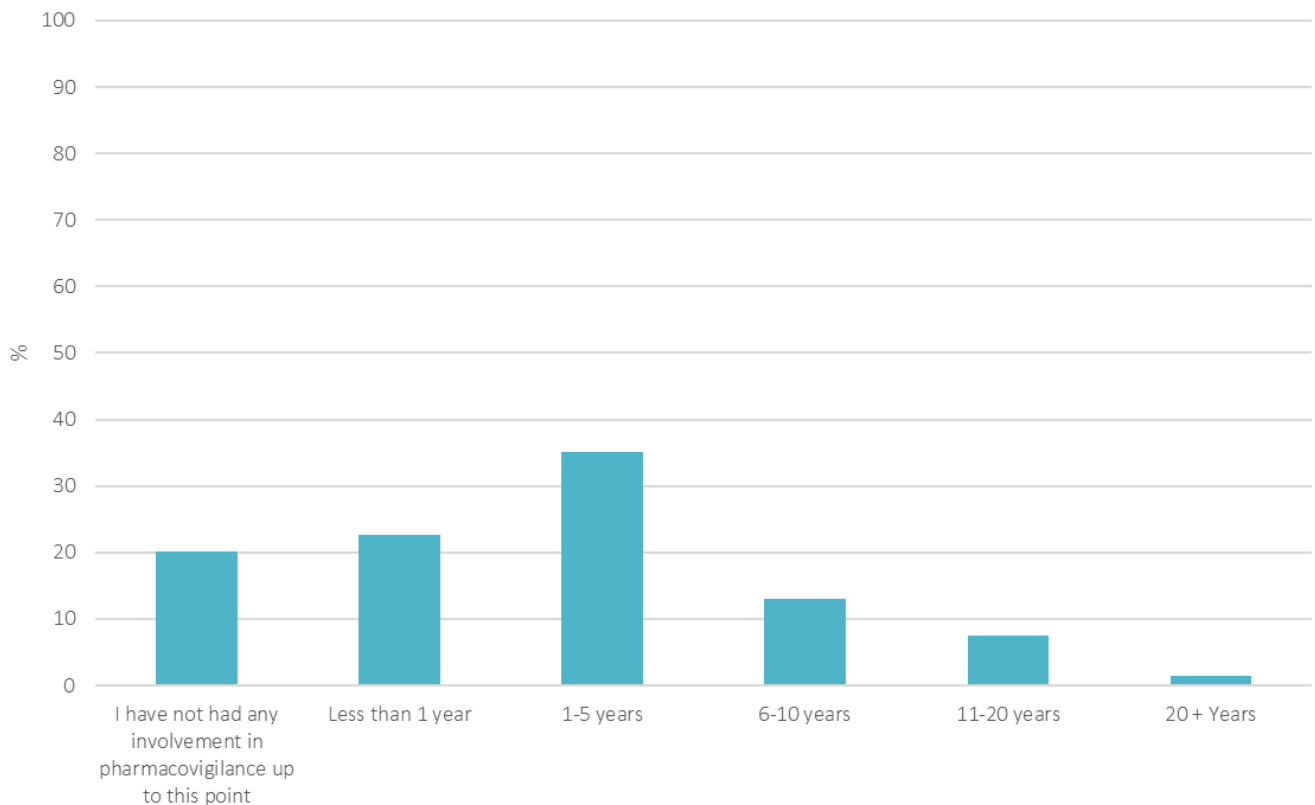


Fig 4: Years of involvement in pharmacovigilance of working group registrants. 'Involvement' may include paid or pro bono work, consultancy, research, post-graduate study etc.