

College President's message on COVID-19 (7 September 2022)

Dear Fellows, Members and Associates,

As paediatricians and paediatricians-in-training, we have observed first-hand the devastating impact on growth and development of our children and young people when we cannot provide them with a socially rich and safe environment. With the COVID-19 pandemic, the return to normalcy is via population-wide immunity. As you know, the Joint Scientific Committees of the CHP and Chief Executive's Expert Advisory Panel have carefully reviewed scientific data available to them and concluded that both mRNA and inactivated virus COVID-19 vaccines are safe to administer in children down to the age of 6 months. Thus, they have recommended lowering the age limit for COVID-19 vaccination accordingly (<https://www.info.gov.hk/gia/general/202208/01/P2022080100675.htm>).

While COVID-19 vaccination rates are relatively high amongst children and adolescents >11 years of age, the situation amongst young children and infants as of 29 August 2022 is still unsatisfactory. COVID-19 vaccination uptake amongst infants and young children have been relatively slow, with only 9% of <3-year-olds having received the first dose of vaccine. Even amongst the 3- to 11-year-old group, only 65% have received the second dose. From 31 December 2021 till 29 August 2022 (<https://www.coronavirus.gov.hk/>), more than 3,000 children under the age of three years, i.e., >2.5% of this group of children, have been admitted to hospital because of COVID-19. Compared with the adult population, hospitalisation rate corrected for resident population size is exceeded only by the >80-year-old group. Examining a snapshot of hospitalised cases on 29 August 2022, for children <3 years and 3- to 11-year-olds, 1% and 2.7% were in PICU, respectively. In comparison, for hospitalised adults aged 60 to 69 years, 70 to 79 years and >80 years, 2.4%, 0.5% and 0.3% were in the ICU, respectively.

Assuming similar infection rates between age groups in the community, the hospitalisation rates for infants and young children are now higher than for most adult age groups, with similar rates of severe cases requiring ICU admission. These findings are compatible with the comparatively higher immunity levels amongst most adults and availability of more therapeutic options compared with children. Currently in Hong Kong, the risks posed by COVID-19 infection to unvaccinated children far exceed potential complications associated with COVID-19 vaccines. Despite the rise in serious infections amongst unvaccinated children over the past few months, parental hesitancy towards COVID-19 vaccination remains high, with 71% to 85% of parents of kindergarten and primary school children being unwilling to vaccinate their child (Lau EYH, et al. *Hum Vaccin Immunother.* 2022;18:2065838). Further analysis of the data revealed that vaccine hesitance was higher for parents with high socio-economic and educational backgrounds. Such findings provide valuable insights not only to policy-makers, but also to frontline paediatricians. It is likely that highly educated, but hesitant parents would respond poorly to paternalistic hyperbole. I therefore believe that a personalised approach is important. Let us all listen to parents and allay their concerns at a personal level while providing consistent factual and unbiased information. Let us provide confidence in the safety and efficacy of the available vaccines and impress upon them the need to take action immediately.

Best wishes,

Simon Lam

President

Hong Kong College of Paediatricians