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Preliminary opinion regarding the vaccination of young people against COVID-19 in the context of the signal of occurrence of myocarditis and pericarditis after administration of messenger RNA vaccines

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The objective of this opinion is to present an analysis of the risk of myocarditis/pericarditis related to the vaccination of young people aged 12 to 39 years with mRNA vaccines, especially with regard to the administration of a second dose. This analysis was performed from an individual perspective based on information available as of July 15, 2021. Vaccination strategies are assessed in the context of the threat of a new wave of COVID-19 caused by the Delta variant. Interim recommendations are issued from both an individual and a population perspective.

Recommendations

In light of the data currently available and any uncertainties regarding the risks and benefits associated with the use of the two mRNA vaccines, the CIQ recommends offering two doses of these vaccines to all eligible youth 12 years of age, and more. In young people aged 12 to 17, only the Pfizer-BioNTech vaccine has been used so far since it is the only vaccine authorized for this population. In addition, it is possible that this vaccine is associated with a lower frequency of myocarditis/pericarditis than that of Moderna. The CIQ therefore recommends continuing only with the Pfizer-BioNTech vaccine for the rest of the vaccination campaign among young people aged 12 to 17. Vaccines from Pfizer-BioNTech and Moderna can be used for people aged 18 and over. contraindications,

Both mRNA vaccines are the most effective in preventing COVID-19 caused by all viral lineages and transmission of the virus in the population. Any preferential recommendation of one of the two vaccines over the other could have very harmful consequences in terms of the perception of their safety and their undeniable advantages and this could influence the already sub-optimal vaccination coverage in young people.

In the 18-39 age group, both mRNA vaccines were used for the first dose, but more the Pfizer-BioNTech product than the Moderna product. Although it is possible in certain circumstances to offer a different product for a second dose than that used for the first, the use of the same product for the 2 doses of messenger RNA vaccine is always preferable in the absence of conclusive data, on the safety, immunogenicity and efficacy of a mixed schedule combining the 2 mRNA vaccines.

Vaccinated young people, and possibly their parents, should be informed of the advantages and disadvantages of vaccination, including the possibility of the occurrence of myocarditis or pericarditis in the days following ^{dose} vaccination, the higher frequency of this manifestation in young men after the 2nd ^{dose}, and the importance of consulting a doctor in case of dyspnoea, chest pain or palpitations following vaccination. It is important for young people to present the risks of myocarditis that can occur after the 2nd ^{dose} of the vaccine. At the same time, we must present the probability of avoiding infection or hospitalization due to COVID-19 thanks to this 2nd ^{dose}, which appears particularly important in the context of the apprehended rise of the Delta variant, as well as the other benefits of vaccination for the young person and his entourage. Tables 1A and 1B of this notice could be used for this purpose.

Findings

This opinion is preliminary and is based on the still incomplete information concerning the signal of myocarditis and pericarditis in young people after the administration of mRNA vaccines. An update will be produced as needed according to the evolution of knowledge on this signal, the effectiveness of these mRNA vaccines including the effectiveness against the different variants, the evolution of the epidemiological situation of COVID-19 in Quebec from as well as other program considerations that may influence the relevant vaccination strategy for young people.

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