

is unlikely to be available in the next few months.

The ethical view advocates that the decision must be coherent with the principles of medical ethics (non-maleficence and beneficence, equity, justice, fairness, and transparency) [4]. All of the principles except non-maleficence and beneficence advocate for the equal share of children among COVID-19 vaccine recipients. In ethics, non-maleficence and beneficence supersede others therefore; vaccinating children cannot be advised unless it has been proven safe.

Since we have a large amount of short-term data on the implications of COVID in children, there is a need to analyze it properly to make an informed decision. Once, phase 4 vaccination trials begin, and we have sufficient data about its safety and efficacy in the general population, children should be enrolled in the ongoing vaccine trials. The results of the phase 3 trial done in children will serve as the best guide for further decision making.

The role of IAP has always been instrumental in all national policies about children. Now it's time to continue that advocacy by giving its representation to the national steering committee for the COVID vaccine so that the children are not ostracized again.

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## AUTHORS' REPLY

We appreciate the positive comments of the author regarding the recommendations of the Indian Academy of Pediatrics Advisory Committee on Vaccines and Immunization Practices (IAP ACVIP) on the subject of vaccination during the COVID-19 pandemic [1]. We would like to allay the apprehension of the author about immunization of children with the COVID-19 vaccine.

In certain situations, as in the present COVID-19 times, with limited availability of vaccines, the priority at this stage is to protect those at highest risk. There is unanimity in the view,

that the priority groups for vaccination are the frontline healthcare workers, to ensure the optimal functioning of the health care system, followed by those over 65 years of age and those with co-morbid medical conditions [2,3].

As of now, studies have shown that COVID-19 is relatively uncommon in children and when infected, typically have milder symptoms and the rate of complications are lower [4,5]. The role of children in transmission of the disease is uncertain and contact tracing studies have shown that children are rarely the index case in family outbreaks [6]. Nevertheless, outbreaks of COVID-19 have been reported in schools and school camps [7]. The temporal association of a novel Kawasaki disease-like multisystem inflammatory syndrome in children with past COVID-19 infection, underlines the need for continued surveillance in pediatric patients [8].

ACVIP is a sub-committee of the IAP, which has the mandate to evaluate evidence on available vaccines and make recommendations primarily for members of IAP. In the case of COVID-19 vaccines, we do not have a vaccine licensed for use in India nor are we expecting a COVID-19 vaccine for children in the very near future. None of the COVID-19 vaccines in phase 3 trials have included young children. The BNT162b2 mRNA COVID-19 vaccine trial has included adolescents 16 years and older and studies in the 12-15 year olds and subsequently the younger age groups are planned [9].

The ACVIP is following the developments very closely and will make recommendations, at the appropriate time, when more robust data is available about the efficacy, safety and availability of Covid-19 vaccines in children.

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