



Vraag 7

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Prof. dr. Pierre Van Damme (UAntwerpen)

Mogelijke antwoorden...

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- **2. neen**
- **3. enkel in het kader van een reis**
- **4. enkel als er al jonge kinderen in het gezin zijn**
- **5. enkel in geval van co-morbiditeit**



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COVID-19 vaccinatie en zwangeren

- Primovaccinatie wordt nog steeds aangeraden voor zwangeren. Niet alleen is de gezondheid van de moeder belangrijk, maar er is ook een blijvende verhoogd risico voor de vrucht.
- Booster wordt aangeraden om tot “volledig” schema te komen.

“Although severe maternal and perinatal outcomes were rare, their prevalence was significantly higher among women without vaccine protection. Vaccination during pregnancy has the potential to protect both the mother and the baby, and it is therefore strongly recommended.”

<https://pubmed.ncbi.nlm.nih.gov/36693525/>

ETF statement on the use of the EMA approved bivalent original/Omicron BA.4-5 mRNA vaccines for primary series

Overview of authorised COVID-19 vaccines

Vaccine	Platform*	Strain	Use	Population
				 ≥6 months ≥5 years ≥12 years ≥18 years
Comirnaty (BioNTech)	mRNA	Original strain	Primary vaccination	✓ ≥6 months ✓ ≥5 years ✓ ≥12 years ✓ ≥18 years
			Booster	✓ 5-11 years ✓ ≥12 years ✓ ≥18 years
		Original strain + Omicron BA.1 variant (adapted**)	Booster	✓ ≥12 years ✓ ≥18 years
		Original strain + Omicron BA.4-5 variants (adapted**)	Booster	✓ 5-11 years ✓ ≥12 years ✓ ≥18 years
Spikevax (Moderna)	mRNA	Original strain	Primary vaccination	✓ 6 months to 5 years ✓ 6-11 years ✓ ≥12 years ✓ ≥18 years
			Booster	✓ 6-11 years ✓ ≥12 years ✓ ≥18 years
		Original strain + Omicron BA.1 variant (adapted**)	Booster	✓ 6-11 years ✓ ≥12 years ✓ ≥18 years
		Original strain + Omicron BA.4-5 variants (adapted**)	Booster	✓ ≥12 years ✓ ≥18 years
Vaxzevria (AstraZeneca)	Adenoviral vector	Original strain	Primary vaccination	✓ ≥18 years
			Booster	✓ ≥18 years
Jcovden (Janssen)	Adenoviral vector	Original strain	Primary vaccination	✓ ≥18 years
			Booster	✓ ≥18 years
Nuvaxovid (Novavax)	Protein	Original strain	Primary vaccination	✓ ≥12 years ✓ ≥18 years
			Booster	✓ ≥18 years
COVID-19 Vaccine Valneva (Valneva)	Inactivated	Original strain	Primary vaccination	✓ 18-50 years
VidPrevtyn Beta (Sanofi Pasteur)	Protein	Beta variant	Booster	✓ ≥18 years

Wil je eens bevragen

Patiënt met onderdrukking immuniteit (muco met longtransplantatie):
overzicht vaccinatie

	30-09-2022
▼ • COVID-19	
- 03-06-2021	Comirnaty 30 µg/dose inj. disp. (conc.) i.m. flac. 195 x 6 doses (0.45 ml)
- 08-07-2021	Comirnaty 30 µg/dose inj. disp. (conc.) i.m. flac. 195 x 6 doses (0.45 ml)
- 22-09-2021	Comirnaty 30 µg/dose inj. disp. (conc.) i.m. flac. 195 x 6 doses (0.45 ml)
- 12-02-2022	Comirnaty 30 µg/dose inj. disp. (conc.) i.m. flac. 195 x 6 doses (0.45 ml)
- 30-09-2022	Comirnaty Original/Omicron BA.1 15 µg/dosis - 15 µg/dosis inj. disp. ...

zin om 6de inspuiting te geven??

Aanbeveling 3^o booster?

- **Op dit moment geen algemene aanbeveling voor toedienen van een 3^o booster**
- **Aanbeveling voor een mogelijke jaarlijkse toediening wordt door de HGR bekeken**
- **Altijd de mogelijkheid om op individueel vlak een 3^o dosis aan te bieden:**
 - Minstens 3-6 maanden na de vorige booster
 - Bv. In geval van immuungecompromitteerd
- **Zo hebben 46% van de immuungecompromitteerde een 3^o booster gekregen.**



Vraag 16

Hoe zit het met de COVID-19 vaccinatie van kinderen?

Prof. dr. Pierre Van Damme (UAntwerpen)

Overview of authorised COVID-19 vaccines

Vaccine	Platform*	Strain	Use	Population			
				 ≥6 months ≥5 years ≥12 years ≥18 years			
Comirnaty (BioNTech)	mRNA	Original strain	Primary vaccination	✓ 6 months to 4 years	✓ 5-11 years	✓ ≥12 years	✓ ≥18 years
			Booster		✓ 5-11 years	✓ ≥12 years	✓ ≥18 years
		Original strain + Omicron BA.1 variant (adapted**)	Booster			✓ ≥12 years	✓ ≥18 years
		Original strain + Omicron BA.4-5 variants (adapted**)	Booster		✓ 5-11 years	✓ ≥12 years	✓ ≥18 years
Spikevax (Moderna)	mRNA	Original strain	Primary vaccination	✓ 6 months to 5 years	✓ 6-11 years	✓ ≥12 years	✓ ≥18 years
			Booster		✓ 6-11 years	✓ ≥12 years	✓ ≥18 years
		Original strain + Omicron BA.1 variant (adapted**)	Booster		✓ 6-11 years	✓ ≥12 years	✓ ≥18 years
		Original strain + Omicron BA.4-5 variants (adapted**)	Booster			✓ ≥12 years	✓ ≥18 years
Vaxzevria (AstraZeneca)	Adenoviral vector	Original strain	Primary vaccination				✓ ≥18 years
			Booster				✓ ≥18 years
Jcovden (Janssen)	Adenoviral vector	Original strain	Primary vaccination				✓ ≥18 years
			Booster				✓ ≥18 years
Nuvaxovid (Novavax)	Protein	Original strain	Primary vaccination			✓ ≥12 years	✓ ≥18 years
			Booster				✓ ≥18 years
COVID-19 Vaccine Valneva (Valneva)	Inactivated	Original strain	Primary vaccination				✓ 18-50 years
VidPrevtyn Beta (Sanofi Pasteur)	Protein	Beta variant	Booster				✓ ≥18 years



Recommendations

1. The SHC recommends primary vaccination of children aged 6 months to 5 years old in those at risk of developing severe COVID-19

- The SHC emphasizes **that priority always** has to be given to **vaccines from the basic vaccination schedule AND vaccination against seasonal influenza for children at risk (SHC 9699 04/2022)**.
- COVID-19 vaccination **may be carried out simultaneously** (SHC 9675, 2021) or at any interval, but it is important to emphasize that, when vaccinating infants and children, **priority is always given to vaccines from the basic vaccination schedule**.
- The SHC has already recommended primary vaccination of children with comorbidities and immunosuppression (SHC 9618, 05/02/2021 ; SHC 9691, 03/03/2022) based on an “off label use” and after an individual evaluation of the benefit/risk balance.



Recommendations

Children at risk to be vaccinated against COVID-19

Immunocompromised patients

- **Immunosuppressive treatment** in transplant or auto-immune disease, haemato-oncological disease treatment;
- **Some primary immunodeficiencies (PID):**
 - **PID with severe combined immune disorder ((S)CID or severe lymphopenia (CD4 T cell count < 200));**
 - **PID AND severe lung disease;**
 - **PID patients who will receive or have received stem cell transplant or gene therapy < 1 year ago or longer if additional treatment is required;**
 - **Other PID namely chronic granulomatous disease (CGD), familial haemophagocytic lymphohistiocytosis (HLH), congenital autoinflammatory diseases (except familial Mediterranean fever FMF), PID and active* immune dysregulation (LRBA, NFKB1, NFKB2, STAT3 GOF, IRAK4, MyD88, STAT2, etc.);**
* autoimmune or autoinflammatory optic surge during the past year or recently started immunosuppressive medication
 - **Other serious PID conditions for which the patient himself was contacted by the treating physician for COVID vaccination.**

- **Severe chronic diseases** (including rare diseases) affecting **renal, gastrointestinal, cardiovascular, respiratory or neurological health**



Recommendations

2. Based on the available scientific data and conclusions, primary vaccination against COVID-19 of children aged 6 months to 5 years in good health is not recommended by the SHC

- COVID-19 vaccination may be carried out simultaneously (SHC 9675, 2021) or at any interval, but it is important to emphasize that, when vaccinating infants and children, **priority is always given to vaccines from the basic vaccination schedule.**
- Access to areas of public life for children **should not be restricted** depending on their vaccination status.
- Primary vaccination against COVID-19 of children aged 6 months to 5 years in good health **could be done on an individual basis with consent of the parents or legal representatives.** Clear and adapted information on the expected personal and societal benefits of vaccinating young children should be offered to his/her parents or legal representative before accepting the vaccine.
- **Primary vaccination against COVID-19 children in good health should not be the subject of a pro-active mass vaccination campaign organized by the Belgian authorities.**



Remarks

- *Remarks: The role that very young children play in transmission within households remains difficult to estimate because of their high prevalence of asymptomatic infection and the changing transmissibility of new variants (Cheng et al., 2022). In the context of Omicron and variants currently in circulation there are no studies on the effect of vaccination young children on transmission. Vaccination was associated with a smaller reduction in transmission of the Delta variant than of the Alpha variant, and the effects of vaccination decreased over time (Eyre et al., 2022). In the context of Omicron and variants currently in circulation, there are scarce studies on the effect of vaccinating young children on transmission.*
- As the vaccine-induced protection in some immunocompromised persons is low, cocoon vaccination of healthy children in close contact with the person at risk **could be an option on an individual level based and on a risk/benefit analysis by the treating physician.**
- **However, the SHC reiterates that whilst vaccination does protect against infection, in the context of Omicron this protection declines rapidly over time.** The impact on transmission is low, therefore, cocoon vaccination strategy complements **but does not replace non-pharmaceutical interventions (NPIs) for people at risk of severe disease.**
- At the public health point of view and in the general context of the COVID-19 pandemic, the SHC would like to remind that reinforcement of primary Covid-19 vaccination **for the general healthy adult population (18+) is still important, mostly above 50 years old.**



Vaccination schedule

- For children within these age groups, both vaccines are given as **injections in the muscles of the upper arm or the thigh.**

Primary vaccination schedule against COVID-19 with mRNA vaccines (pediatrics formulations not yet adapted to Omicron) for infants and children from 6 months of age		
mRNA vaccines	doses	Intervals
Spikevax® (25 µg/dose) 6 month to 5 years	2 option : additional dose for IC (FDA)*	1 month between 1 and 2 1 month between 2 and 3
Comirnaty® (3 µg/dose) 6 month to 4 years	3	3 weeks between 1 and 2 2 months between 2 and 3

* Considering this difference of opinion between the FDA and the EMA and considering that we will not have more scientific evidence in the coming months, the Council considers that the administration of an additional dose of Spikevax® vaccine, 1 month after the second dose, to people aged 6 month to 5 years old with a severely weakened immune system **may be an option.**

As an off label use of the vaccine, this option **should be applied on an individual level based and on a risk/benefit analysis** by the treating physician **for some patients with a severely weakened immune system** as defined in section 1.