

Current ISPAD recommendations on COVID Vaccinations in children and adolescents with diabetes

Two years ago, the first information was published on the new and aggressive variant of the CORONA virus, the SARS-CoV-2, causing the COVID-19 infection (December 2019).

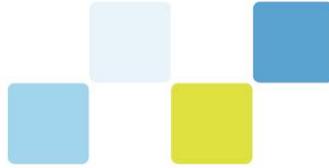
On March 11, 2020, WHO declared the pandemic expansion and global measures were taken to influence this global health threat.

For children, adolescents and young adults with type 1 diabetes, the key measures to take were published on the [ISPAD website](#). These measures will still be relevant for all regions, where an increase in the infection numbers is observed.

The severity of the infection itself differs across the age groups, with the elderly being most vulnerable. In youth with diabetes the severity of the symptoms appears to be comparable to the severity in youth without diabetes. Of course, as with any infection, it requires appropriate diabetes sick day management (For more on this topic, we suggest perusing the [ISPAD Guidelines chapter 13: Sick day management in children and adolescents with diabetes](#)).

In many regions, telemedicine has been successfully initiated to ensure diabetes care, but supply chain problems and psychological implications are increasingly reported (For more on this topic, we suggest perusing [PEDI's article on COVID-19 outbreak and pediatric diabetes: Perceptions of health care professionals worldwide](#)).

To battle the pandemic and reduce the mortality in the vulnerable and high-risk population, global vaccination coverage is needed. Different vaccines against the virus have been (and continue to be) developed. These vaccines are tested, and their benefit/risk outcome has been evaluated by the different regulatory agencies (for example FDA and EMA). Initial approval was for the adult population, but recently an extension has been provided for the pediatric age group (from 5 years and above) with a smaller dose.¹



Based on the positive benefit/risk data, vaccinations can now be used in this age group. Mild adverse effects² are observed. These are usually mild or moderate and improve within a few days of vaccination. No difference in symptoms is expected between children with and without diabetes, and, to date, no safety issues have been reported related to T1D. Different countries will have different vaccination policies. Based on the current data, children/ youth with diabetes can and should be vaccinated like their peer group without diabetes, according to national recommendations.

ISPAD Executive Board

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¹ EMA, November 25, 2021: <https://www.ema.europa.eu/en/news/comirnaty-covid-19-vaccine-ema-recommends-approval-children-aged-5-11>

FDA, October 29, 2021: <https://www.fda.gov/news-events/press-announcements/fda-authorizes-pfizer-biontech-covid-19-vaccine-emergency-use-children-5-through-11-years-age>

² Pain at the injection site, tiredness, headache, redness and swelling at the site of injection, muscle pain and chills.

