¿HAY ALGO NUEVO SOBRE LA VACUNACIÓN FRENTE A COVID-19 EN NIÑOS?

MATILDE ZORNOZA MORENO

PEDIATRA
PROGRAMA DE VACUNACIONES
SERVICIO DE PREVENCIÓN Y PROTECCIÓN DE LA SALUD
CONSEJERÍA DE SALUD DE LA REGIÓN DE MURCIA

Programa de vacunaciones

Región de Murcia
Consejería de Salud

Dirección General de Salud Pública y Adicciones

1

¿Dosis estacional en menores de 5 a 11 años y 12 a 17 años?

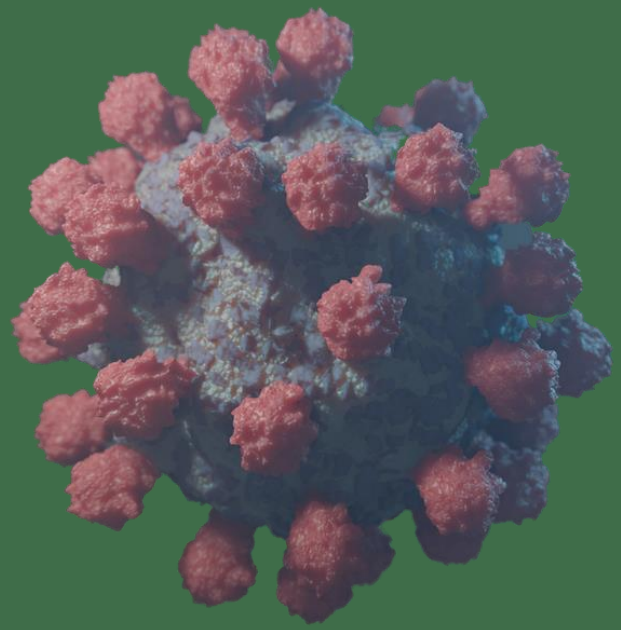
2

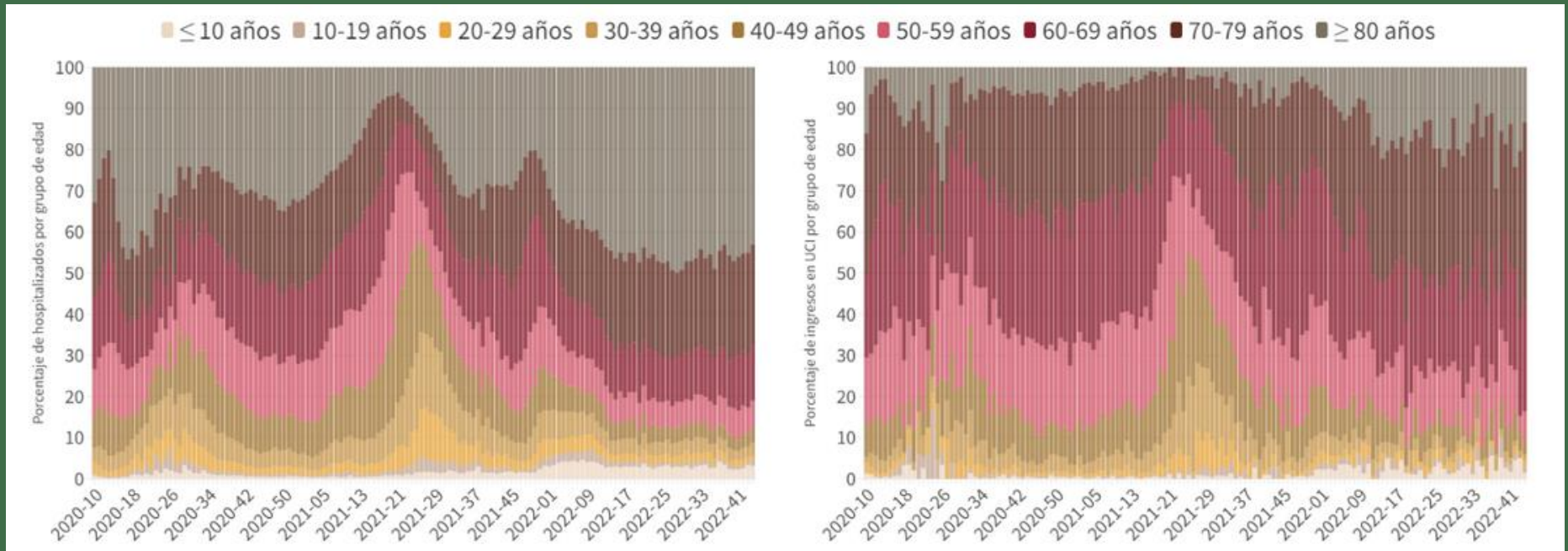
¿Vacunación en menores de 6 meses a 4 años?

3

¿Vacunación en menores sanos?

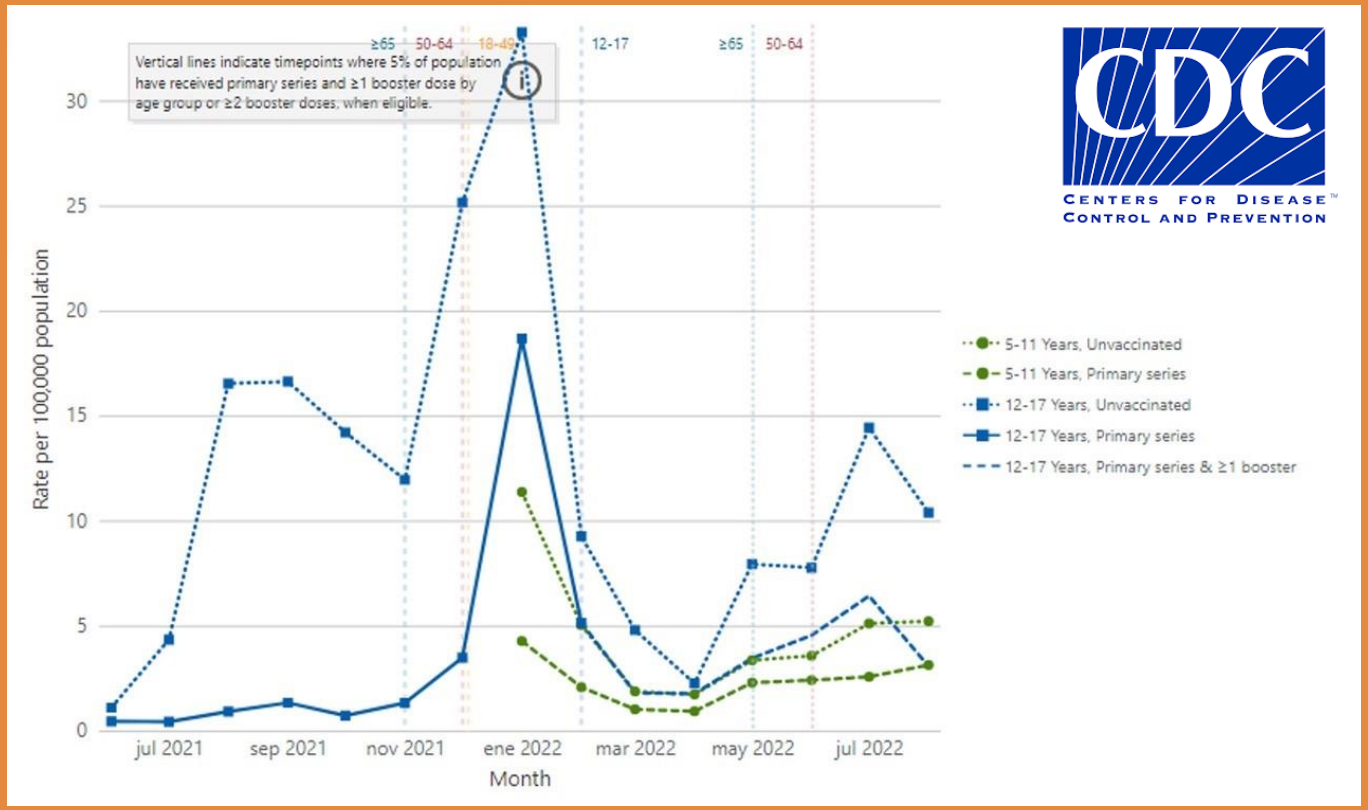
EL SARS-COV-2 NO HA DESAPARECIDO





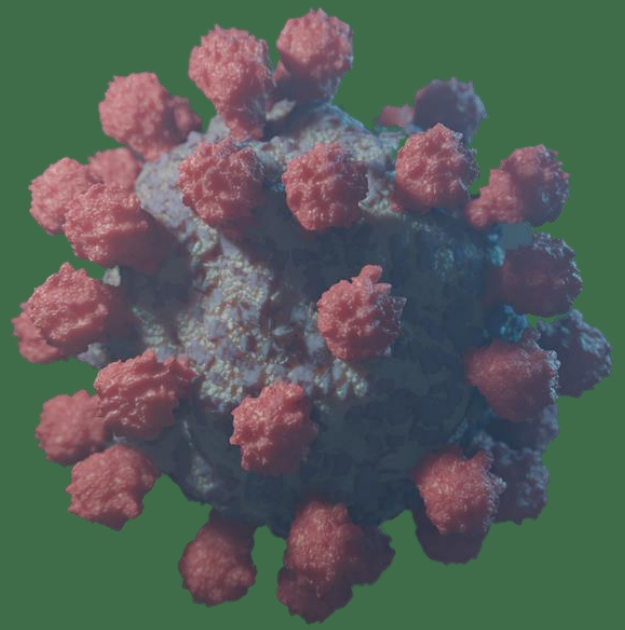
Fuente: Datos individualizados notificados por las CCAA a la Red Nacional de Vigilancia Epidemiológica (SiViEs)

HOSPITALIZACIÓN MENSUAL POR SARS-COV-2



https://covid.cdc.gov/covid-data-tracker/#covidnet-hospitalizations-vaccination

¿Y COMPARANDO EL SARS-COV-2 CON OTRAS ENFERMEDADES INMUNOPREVENIBLES?



HOSPITALIZACIÓN

	Hepatitis A[1]	Varicella[2] (Chickenpox)	Vaccine-type Invasive Pneumococcal Disease[3]	COVID-19[4]
Age	**5–14 years**	**0–4 years**	**0–4 years**	**6 months–4 years**
Time period	2005	1993–1995	1998–1999	Year 1: April 2020–March 2021 Year 2: April 2021–March 2022
Hospitalization Burden (Annual rate per 100,000 population)	**<1**	**29-42**	**40** [5]	Year 1: **29.8** Year 2: **89.3**

FALLECIMIENTO

	Hepatitis A[1]	Meningococcal (ACWY)[2]	Varicella[3]	Rubella[4]	Rotavirus[5]	COVID-19[6]
Age	**<20 years**	**11–18 years**	**5–9 years**	**All ages**	**<5 years**	**6 months – 4 years**
Time period	1990–1995	2000–2004	1990–1994	1966–1968	1985–1991	Jan 2020–May 2022
Average deaths per year	**3**	**8**	**16**	**17**	**20**	**86**

https://cdc.gov/coronavirus

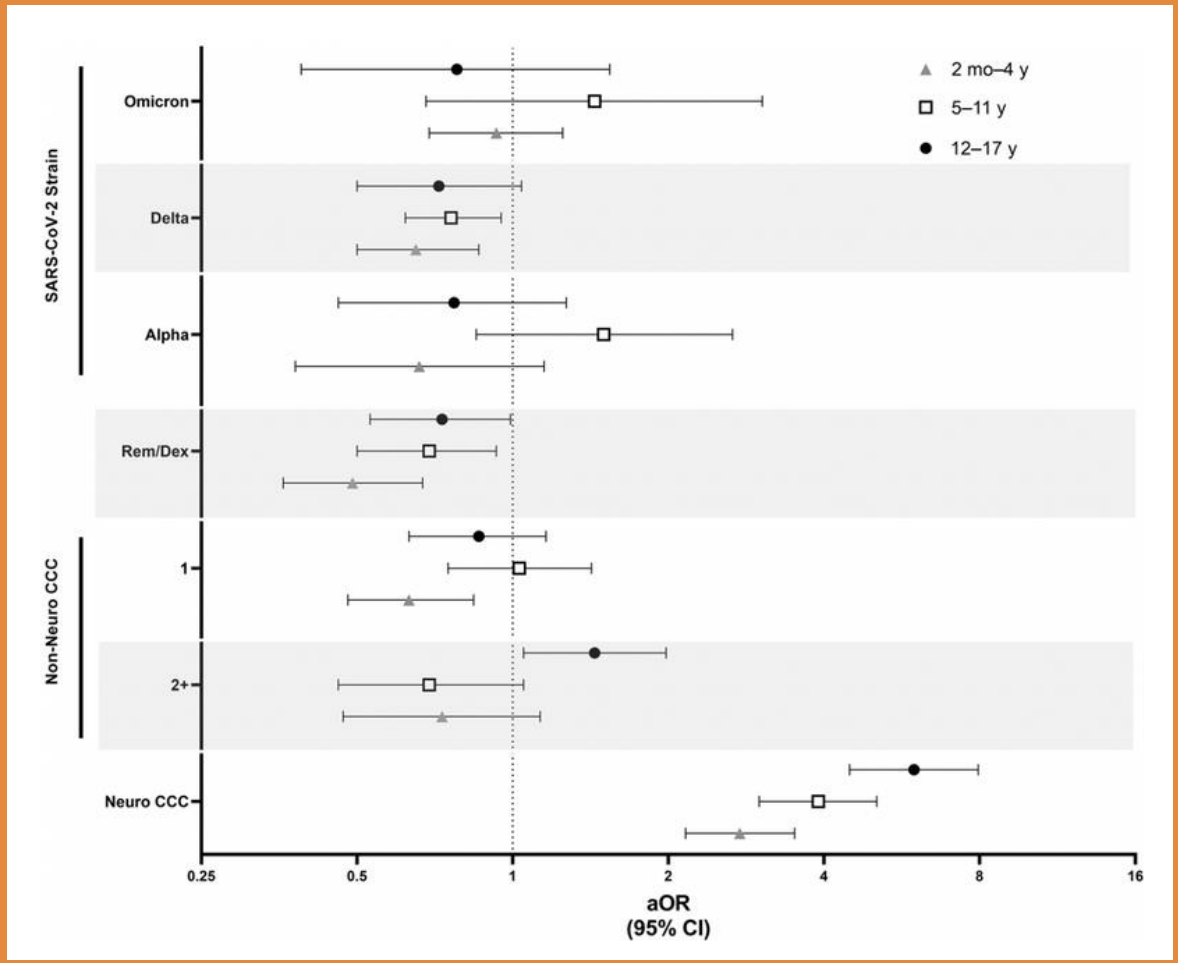
PEDIATRICS®

COVID-19 and Acute Neurologic Complications in Children

James W. Antoon, MD, PhD, MPH,[a,b] Matt Hall, PhD,[c] Leigh M. Howard, MD, MPH,[d] Alison Herndon, MD, MPH,[a,b] Katherine L. Freundlich, MD,[a,b] Carlos G. Grijalva, MD, MPH,[e] Derek J. Williams, MD, MPH[a,b]

15137 2 m-18 a hospitalizados
marzo 2020-marzo 2022
7% complicaciones NRL

NOVIEMBRE 2021

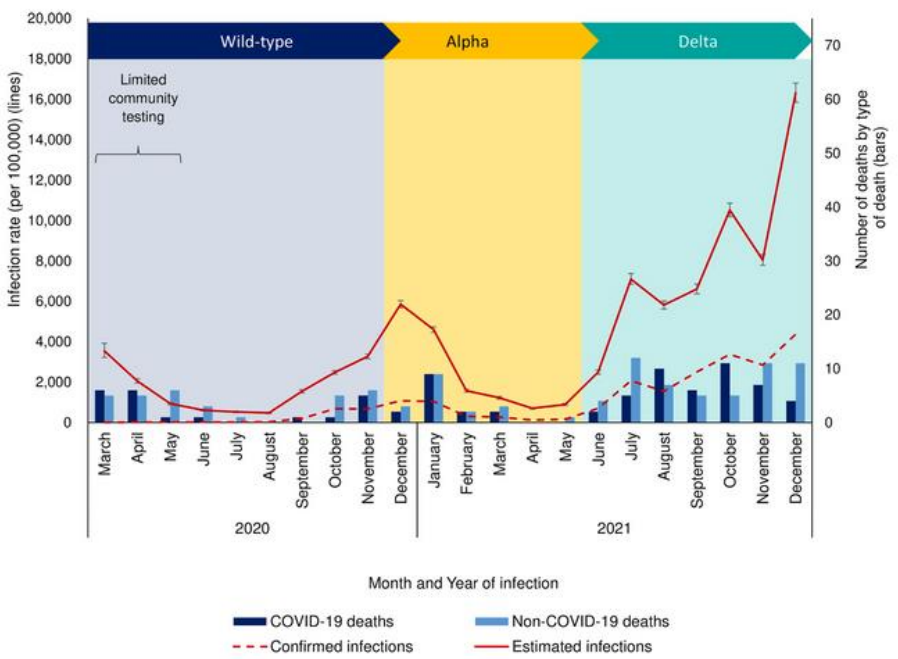


PLOS MEDICINE

RESEARCH ARTICLE

COVID-19 deaths in children and young people in England, March 2020 to December 2021: An active prospective national surveillance study

Marta Bertran[1‡], Zahin Amin-Chowdhury[1‡], Hannah G. Davies[2], Hester Allen[3], Tom Clare[3], Chloe Davison[3], Mary Sinnathamby[3], Giulia Seghezzo[3], Meaghan Kall[3], Hannah Williams[4,5], Nick Gent[4,5], Mary E. Ramsay[1], Shamez N. Ladhani[1,2‡*], Godwin Oligbu[1,2‡]



185 fallecidos

104 con COVID-19

81 por COVID-19

- Asociación independiente a mayor edad (aOR 1.06 IC 95% 1.01-1.11, p=0.02) y comorbilidades (aOR 2.52 IC 95% 1.27-5.01, p=0.008).
- 75.3% condiciones de riesgo (alt. NRL e ID).
- 50.6% fallecidos por COVID-19 en 7 días tras confirmación de infección y 91% hasta 30 días.
- SARS-CoV-2 responsable del 1.2% del total de fallecimientos en <20 años.

DOSIS ESTACIONAL 5-11 AÑOS

≥5 meses desde dosis anterior

- Grupos de riesgo de COVID-19 severo.
- Convivientes con grandes inmunodeprimidos.

Consejo Interterritorial
SISTEMA NACIONAL DE SALUD

Recomendaciones de vacunación frente a COVID-19 para el otoño en España

Aprobado por la Comisión de Salud Pública el 22 de septiembre de 2022.
Elaborado por la Ponencia de Programa y Registro de Vacunaciones.

- Menores sanos. Ajustar a recomendación mayor según epidemiología.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Advisory Committee on Immunization Practices (ACIP)

ACIP Update to the Evidence to Recommendations for a Pfizer-BioNTech COVID-19 Booster in Children Ages 5-11 Years

- Grupos de riesgo de COVID-19 severo e ID.
- Según epidemiología en menores sanos.

An Advisory Committee Statement (ACS)
National Advisory Committee on Immunization (NACI)

Recommendations on the use of a first booster dose of Pfizer-BioNTech Comirnaty COVID-19 vaccine in children 5 to 11 years of age

Published: August 19, 2022

SEGURIDAD DE BOOSTER MONOVALENTE

Morbidity and Mortality Weekly Report

Safety Monitoring of Pfizer-BioNTech COVID-19 Vaccine Booster Doses Among Children Aged 5–11 Years — United States, May 17–July 31, 2022

Anne M. Hause, PhD[1]; James Baggs, PhD[1]; Paige Marquez, MSPH[1]; Tanya R. Myers, PhD[1]; John R. Su, MD[1]; Brandon Hugueley, MPH[1]; Deborah Thompson, MD[2]; Julianne Gee, MPH[1]; Tom T. Shimabukuro, MD[1]; David K. Shay, MD[1]

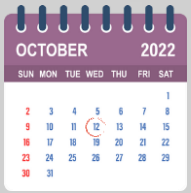
No miocarditis o pericarditis

TABLE 2. Adverse reactions and health impacts reported to v-safe for children aged 5–11 years who received homologous Pfizer-BioNTech COVID-19 booster vaccination* (N = 3,249) — United States, May 17–July 31, 2022

	% Reporting event†		
Reported event	**Dose 1**	**Dose 2**	**Dose 3**
Any local injection site reaction	**62.6**	**68.0**	**68.5**
Itching	4.9	4.9	5.3
Pain	60.7	66.1	66.7
Redness	4.5	5.5	8.5
Swelling	4.2	6.2	9.6
Any systemic reaction	**38.1**	**45.8**	**45.6**
Abdominal pain	5.3	7.4	6.1
Myalgia	7.1	10.2	13.9
Chills	3.8	7.6	7.4
Diarrhea	2.6	2.2	2.4
Fatigue	22.9	29.9	28.9
Fever	7.8	15.4	16.9
Headache	15.2	20.6	19.9
Joint pain	2.2	3.0	3.4
Nausea	4.8	7.1	7.1
Rash	1.0	0.8	1.3
Vomiting	1.9	2.5	3.1
Any health impact	**9.4**	**14.5**	**16.3**
Unable to perform normal daily activities	4.7	7.5	12.1
Unable to attend school	6.5	10.0	6.9
Needed medical care	1.1	0.9	1.0
Clinic	0.5	0.5	0.5
Telehealth	0.2	0.2	0.3
Emergency department visit	0.03	0.1	0.03
Hospitalization	0.03	0	0

VACUNAS BIVALENTES PEDIÁTRICAS

FDA U.S. FOOD & DRUG ADMINISTRATION



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

- **Booster tras pauta primaria con vacuna monovalente.**
- **Booster tras última dosis de vacuna monovalente.**

5-11 años
10 mcg
(5/5)
0.2 ml

6-11 años
25 mcg
(12.5/12.5)
0.25 ml

DOSIS ESTACIONAL 12-17 AÑOS

≥5 meses desde dosis anterior

- Grupos de riesgo de COVID-19 severo.
- Convivientes con grandes inmunodeprimidos
- Viaje a país que exige.

Consejo Interterritorial
SISTEMA NACIONAL DE SALUD

Recomendaciones de vacunación frente a COVID-19 para el otoño en España

Aprobado por la Comisión de Salud Pública el 22 de septiembre de 2022.
Elaborado por la Ponencia de Programa y Registro de Vacunaciones.

- Menores sanos.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Advisory Committee on Immunization Practices (ACIP)

- Grupos de riesgo de COVID-19 severo e ID.
- Institucionalizados.
- Comunidades marginadas desproporcionadamente afectados por COVID-19.

An Advisory Committee Statement (ACS)
National Advisory Committee on Immunization (NACI)

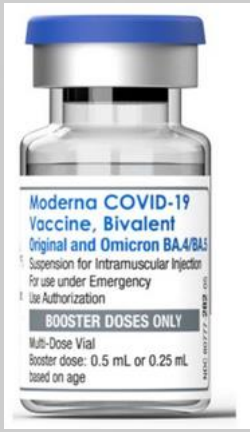
Rapid response: Guidance on the use of booster COVID-19 vaccine doses in adolescents 12-17 years of age

VACUNAS BIVALENTES DE ADULTOS

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

- **Booster tras pauta primaria con vacuna monovalente.**
- **Booster tras última dosis de vacuna monovalente.**

≥12 años
30 mcg
(15/15)
0.3 ml



≥12 años
50 mcg
(25/25)
0.5 ml

QUIEN SALVA UNA VIDA, SALVA AL MUNDO ENTERO

PROVERBIO HEBREO

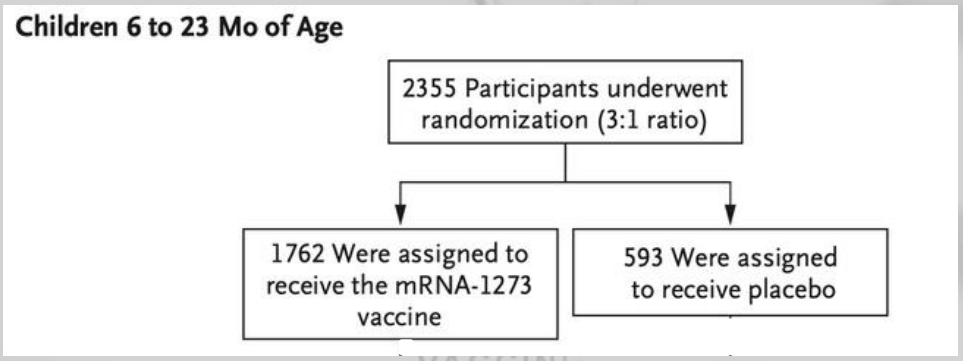
The NEW ENGLAND JOURNAL of MEDICINE

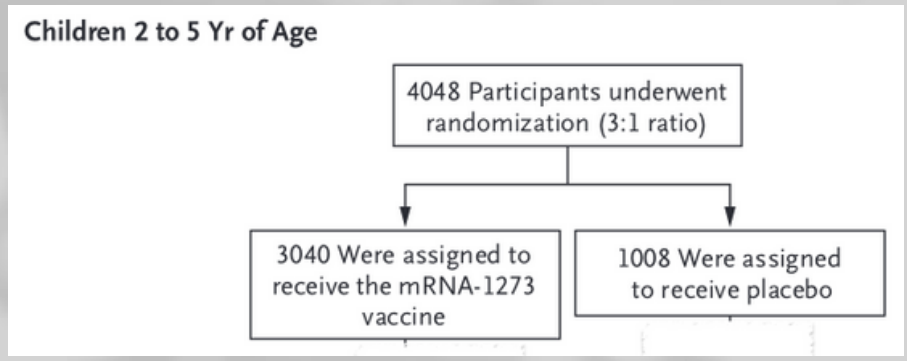
ORIGINAL ARTICLE

Evaluation of mRNA-1273 Vaccine in Children 6 Months to 5 Years of Age

E.J. Anderson, C.B. Creech, V. Berthaud, A. Piramzadian, K.A. Johnson, M. Zervos, F. Garner, C. Griffin, K. Palanpurwala, M. Turner, J. Gerber, R.L. Bennett, K. Ali, M. Ampajwala, G. Berman, J. Nayak, C. Chronis, B. Rizzardi, W.J. Muller, C.A. Smith, G. Fuchs, D. Hsia, J.E. Tomassini, D. DeLucia, C. Reuter, B. Kuter, X. Zhao, W. Deng, H. Zhou, D. Ramirez Schrempp, K. Hautzinger, B. Girard, K. Slobod, R. McPhee, R. Pajon, A. Aunins, R. Das, J.M. Miller, and S. Schnyder Ghamloush, for the KidCOVE Study Group*

Efectos adversos de bajo grado y transitorios
No alertas de seguridad





Día 57, GMT 1781 (IC95% 1616-1962)
EV infección 36.8% (IC95% 12.5-54.0%)

Día 57, GMT 1410 (IC95% 1272-1563)
EV infección 50.6% (IC95% 21.4-68.6%)

Día 57, GMT 1391 (IC 95% 1263-1531)

VACUNACIÓN 6 MESES A 4-5 AÑOS

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Advisory Committee on Immunization Practices (ACIP)

- No inmunodepresión moderada o severa:

  Pfizer-BioNTech (6m-4a) 1 → (3-8 sem) 2 → (8 sem) 3

  Moderna (6m-5a) 1 → (4-8 sem) 2

- Inmunodepresión moderada o severa:

  Pfizer-BioNTech (6m-4a) 1 → (3 sem) 2 → (8 sem) 3

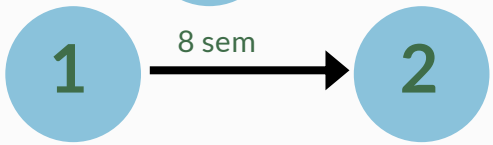
  Moderna (6m-5a) 1 → (4 sem) 2 → (4 sem) 3

VACUNACIÓN 6 MESES A 4-5 AÑOS

Public Health Agency of Canada | Agence de la santé publique du Canada

- No inmunodepresión moderada o severa:

  Pfizer-BioNTech (6m-4a) 

  Moderna (6m-5a) 

- Inmunodepresión moderada o severa:

  Pfizer-BioNTech (6m-4a) 

  Moderna (6m-5a) 

VACUNAS MONOVALENTES 6 MESES A 4-5 AÑOS

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

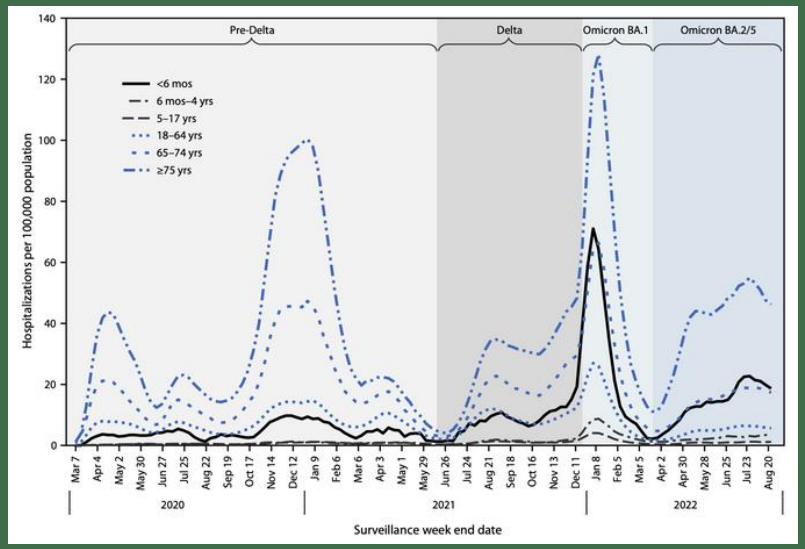
6 meses-4 años
3 mcg
0.2 ml

6 meses-5 años
25 mcg
0.25 ml

¿ESPAÑA?


Bordeaux
Bay of Biscay
Coruña
Gijón
San Sebastián
Bayonne
Toulouse
Oviedo
Santander
Bilbao
León
Pamplona
PYRENEES
Vigo
Burgos
Zaragoza
Saragossa
Braga
Valladolid
Porto
Salamanca
Tarragona
Coimbra
Madrid
SPAIN
Castellón de la Plana
Toledo
Valencia
Lisboa
Lisbon
Badajoz
Albacete
Setúbal
Évora
Córdoba
Alicante
Murcia
Huelva
Sevilla
Granada
Cartagena
Cádiz
Málaga
Almeria
Algeciras
Gibraltar (U.K.)
Strait of Gibraltar
Tanger
Ceuta (Spain)
Tétouan
Melilla
BALEARIC
Andorra la Vella

LA INMUNIZACIÓN DEL NIÑO COMIENZA ANTES DEL NACIMIENTO



JAMA Internal Medicine | Original Investigation

Association of COVID-19 Vaccination During Pregnancy With Incidence of SARS-CoV-2 Infection in Infants

Ellen Øen Carlsen, MD; Maria C. Magnus, PhD; Laura Oakley, PhD; Deshayne B. Fell, PhD; Margrethe Greve-Isdahl, MD; Jonas Minet Kinge, PhD; Siri E. Håberg, MD, PhD

Table 2. Hazard Ratios of a Positive SARS-CoV-2 PCR Test in Infants Before Age 4 Months

	Before January 1, 2022						After January 1, 2022					
Character-istic	Live-born infants, No.	Follow-up time, d	COVID-19 positive test, No. (%)	Incidence rate, cases/ 10 000 d of follow-up	Hazard ratio (95% CI)[a] Unadjusted	Adjusted[b]	Live-born infants, No.	Follow-up time, d	COVID-19 positive test, No. (%)	Incidence rate, cases/ 10 000 d of follow-up	Hazard ratio (95% CI)[a] Unadjusted	Adjusted[b]
Unvaccinated	9759	485967	146 (1.5)	3.0	1 [Reference]	1 [Reference]	6728	320292	350 (5.2)	10.9	1 [Reference]	1 [Reference]
Vaccinated	4696	206857	25 (0.5)	1.2	0.29 (0.19-0.44)	0.29 (0.19-0.46)	9616	546790	385 (4.0)	7.0	0.63 (0.55-0.73)	0.67 (0.57-0.79)

Abbreviation: PCR, polymerase chain reaction.

[a] Infants born to women who completed their 2-dose or 3-dose vaccination series during the second or third trimesters of pregnancies were compared with infants born to unvaccinated women. Hazard ratios were obtained from a Cox proportional hazards regression model. Time was included as an interaction term for the 2 periods in the unadjusted and adjusted analyses. Number of infants included: 21 643.

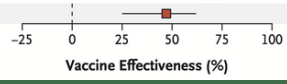
[b] Adjusted for maternal age, maternal parity, maternal country of birth, maternal educational attainment as of 2019, and county of residence.

The NEW ENGLAND JOURNAL of MEDICINE
ESTABLISHED IN 1812 JULY 14, 2022 VOL. 387 NO. 2

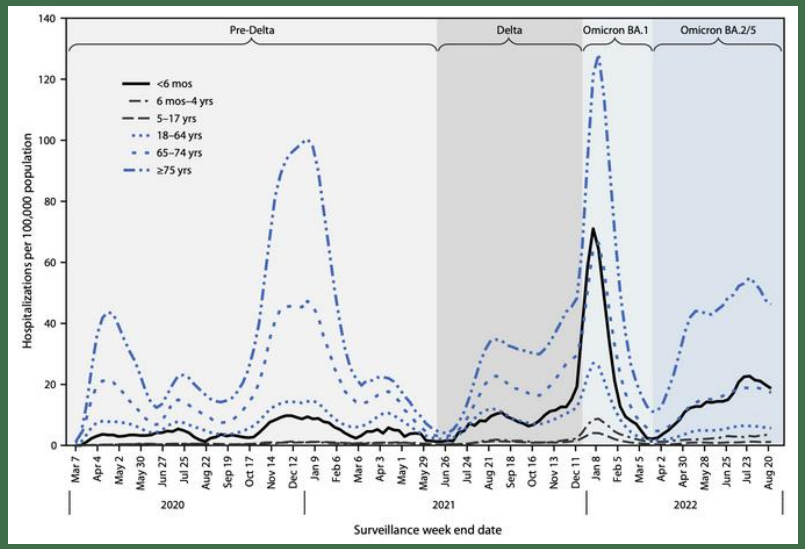
Maternal Vaccination and Risk of Hospitalization for Covid-19 among Infants

N.B. Halasa, S.M. Olson, M.A. Staat, M.M. Newhams, A.M. Price, P.S. Pannaraj, J.A. Boom, L.C. Sahni, K. Chiotos, M.A. Cameron, K.E. Bline, C.V. Hobbs, A.B. Maddux, B.M. Coates, K.N. Michelson, S.M. Heidemann, K. Irby, R.A. Nofziger, E.H. Mack, L. Smallcomb, S.P. Schwartz, T.C. Walker, S.J. Gertz, J.E. Schuster, S. Kamidani, K.M. Tarquinio, S.S. Bhumbra, M. Maamari, J.R. Hume, H. Crandall, E.R. Levy, M.S. Zinter, T.T. Bradford, H.R. Flori, M.L. Cullimore, M. Kong, N.Z. Cvijanovich, S.M. Gilboa, K.N. Polen, A.P. Campbell, A.G. Randolph, and M.M. Patel, for the Overcoming Covid-19 Investigators*

Subgroup	Case Infants	Control Infants	Effectiveness of Maternal Vaccination
	no. of vaccinated mothers/total no. (%)		*% (95% CI)*
Overall effectiveness of maternal vaccination	87/537 (16)	147/512 (29)	52 (33 to 65)
Timing of vaccination			
During first 20 wk of pregnancy	46/496 (9)	62/427 (15)	38 (3 to 60)
After 20 wk of pregnancy	31/481 (6)	79/444 (18)	69 (50 to 80)
Delta-predominant period	14/181 (8)	61/216 (28)	80 (60 to 90)
Vaccinated during first 20 wk of pregnancy	8/175 (5)	22/177 (12)	68 (19 to 87)
Vaccinated after 20 wk of pregnancy	5/172 (3)	37/192 (19)	88 (68 to 96)
Omicron-predominant period	73/356 (21)	86/296 (29)	38 (8 to 58)
Vaccinated during first 20 wk of pregnancy	38/321 (12)	40/250 (16)	25 (−26 to 56)
Vaccinated after 20 wk of pregnancy	26/309 (8)	42/252 (17)	57 (25 to 75)
Type of hospital admission			
ICU	11/113 (10)	147/512 (29)	70 (42 to 85)
Non-ICU	76/424 (18)	147/512 (29)	47 (25 to 62)



LA INMUNIZACIÓN DEL NIÑO COMIENZA ANTES DEL NACIMIENTO



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Abbreviation: PCR, polymerase chain reaction.

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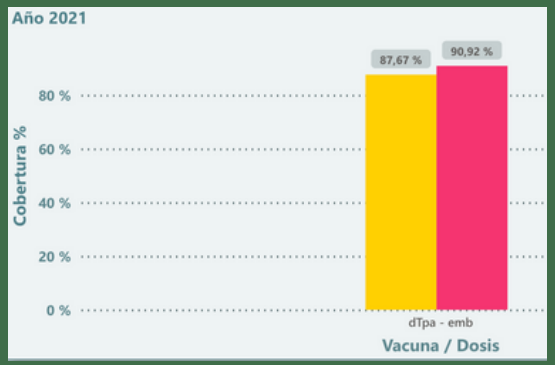
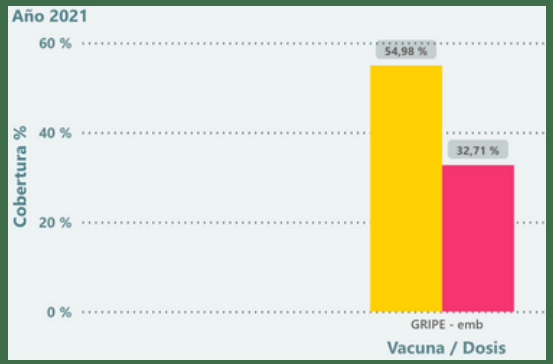




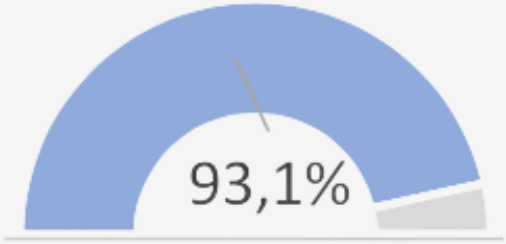
Dosis estacional COVID-19 1.81%

Fuente: SIVAMIN

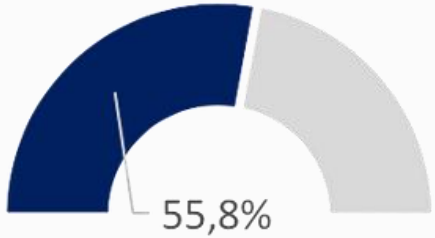
Fuente: VACUSAN

≥12 AÑOS

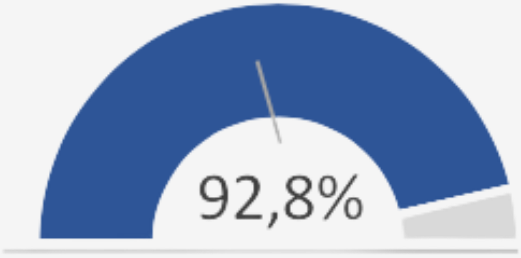
5-11 AÑOS



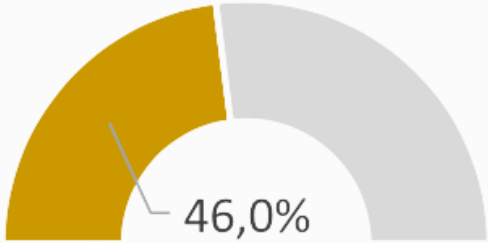
Primera dosis



FRENTE



Pauta completa



Oxford University Press
Public Health Emergency Collection
Public Health Emergency COVID-19 Initiative

Clin Infect Dis. 2022 Jul 5 : ciac553. PMCID: PMC9278259
Published online 2022 Jul 5. doi: 10.1093/cid/ciac553 PMID: 35788276

Lower Risk of Multisystem Inflammatory Syndrome in Children (MIS-C) with the Delta and Omicron variants of SARS-CoV-2

Jonathan M Cohen, Michael J Carter, C Ronny Cheung, Shamez Ladhani, and the Evelina PIMS-TS Study Group

Comparado con Wuhan 0-16 años:

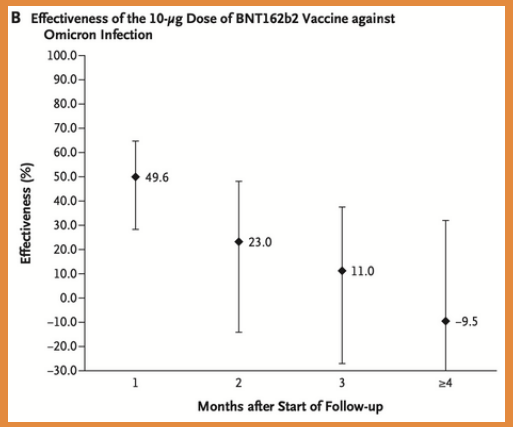
- Delta prevacuna 56% menos.
- Delta postvacuna 66% menos.

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Covid-19 Vaccine Protection among Children and Adolescents in Qatar

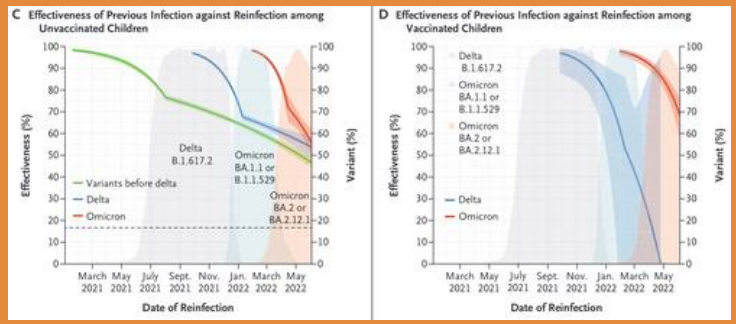
H. Chemaitelly, S. AlMukdad, H.H. Ayoub, H.N. Altarawneh, P. Coyle, P. Tang, H.M. Yassine, H.A. Al-Khatib, M.K. Smatti, M.R. Hasan, Z. Al-Kanaani, E. Al-Kuwari, A. Jeremijenko, A.H. Kaleeckal, A.N. Latif, R.M. Shaik, H.F. Abdul-Rahim, G.K. Nasrallah, M.G. Al-Kuwari, H.E. Al-Romaihi, A.A. Butt, M.H. Al-Thani, A. Al-Khal, R. Bertollini, and L.J. Abu-Raddad

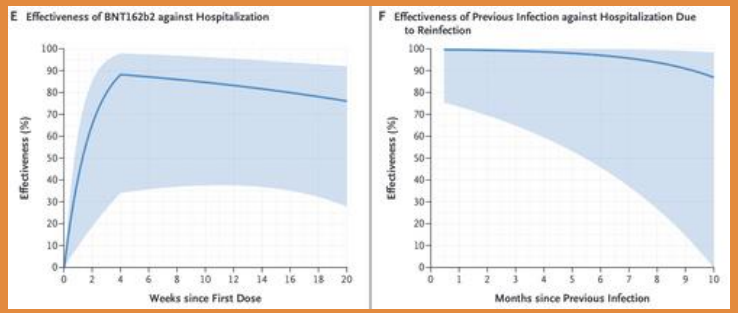


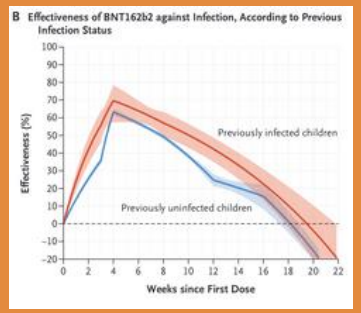
The NEW ENGLAND JOURNAL of MEDICINE

CORRESPONDENCE

Effects of Vaccination and Previous Infection on Omicron Infections in Children







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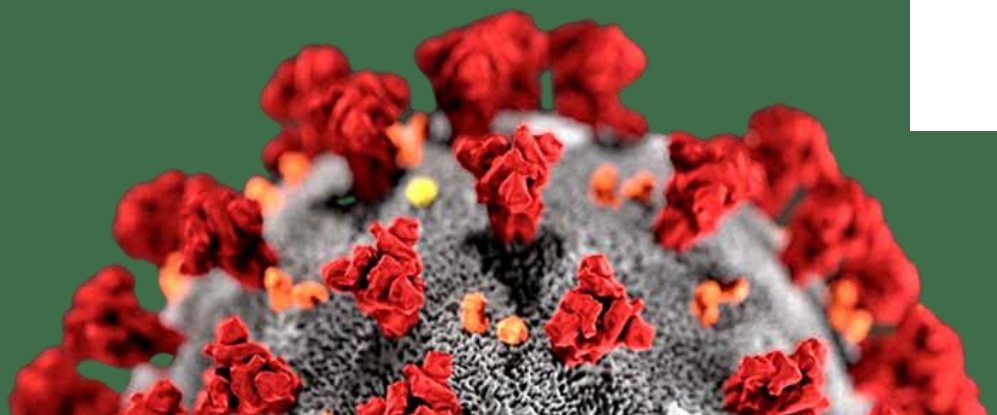


JAMA Network | Open

Original Investigation | Infectious Diseases

Estimated Protection of Prior SARS-CoV-2 Infection Against Reinfection With the Omicron Variant Among Messenger RNA–Vaccinated and Nonvaccinated Individuals in Quebec, Canada

Sara Carazo, MD, PhD; Danuta M. Skowronski, MD; Marc Brisson, PhD; Chantal Sauvageau, MD; Nicholas Brousseau, MD, MSc; Rodica Gilca, MD, PhD; Manale Ouakki, MSc; Sapha Barkati, MD; Judith Fafard, MD; Denis Talbot, PhD; Vladimir Gilca, MD; Geneviève Deceuninck, MD; Christophe Garenc, PhD; Alex Carignan, MD; Philippe De Wals, MD, PhD; Gaston De Serres, MD, PhD

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 MARCH 31, 2022 VOL. 386 NO. 13

Protection against SARS-CoV-2 after Covid-19 Vaccination and Previous Infection

V. Hall, S. Foulkes, F. Insalata, P. Kirwan, A. Saei, A. Atti, E. Wellington, J. Khawam, K. Munro, M. Cole, C. Tranquillini, A. Taylor-Kerr, N. Hettiarachchi, D. Calbraith, N. Sajedi, I. Milligan, Y. Themistocleous, D. Corrigan, L. Cromey, L. Price, S. Stewart, E. de Lacy, C. Norman, E. Linley, A.D. Otter, A. Semper, J. Hewson, S. D'Arcangelo, M. Chand, C.S. Brown, T. Brooks, J. Islam, A. Charlett, and S. Hopkins, for the SIREN Study Group*

Morbidity and Mortality Weekly Report

Effectiveness of COVID-19 mRNA Vaccination in Preventing COVID-19–Associated Hospitalization Among Adults with Previous SARS-CoV-2 Infection — United States, June 2021–February 2022

Ian D. Plumb, MBBS[1,2,*]; Leora R. Feldstein, PhD[1,2,*]; Eric Barkley[3]; Alexander B. Posner, MPH[3]; Howard S. Bregman, MD[3]; Melissa Briggs Hagen, MD[1,2]; Jacqueline L. Gerhart, MD[3]

MIOCARDITIS
PERICADITIS

Annals of Internal Medicine

OBSERVATIONS: BRIEF RESEARCH REPORTS

Incidence of Myocarditis/Pericarditis Following mRNA COVID-19 Vaccination Among Children and Younger Adults in the United States

Table. Incidence Rate of Verified Myocarditis/Pericarditis in the 0 to 7 Days After mRNA COVID-19 Vaccination Among Persons Aged 5 to 39 Years by Product, Age Group, Sex, and Dose Number*

Product and Patient Group	Dose 1		Dose 2		First Booster	
	Cases/Doses Administered†	Incidence Rate/ Million Doses (95% CI)	Cases/Doses Administered†	Incidence Rate/ Million Doses (95% CI)	Cases/Doses Administered†	Incidence Rate/ Million Doses (95% CI)
Pfizer‡						
Male, *age*						
5-11 y	0/221 975	0.0 (0.0-13.5)	3/207 958	14.4 (3.0-42.2)	0/50 415	0.0 (0.0-59.4)
12-15 y§	2/212 977	9.39 (1.1-33.9)	31/205 955	150.5 (102.3-213.6)	5/81 613	61.3 (19.9-143.0)
16-17 y	1/105 147	9.51 (0.2-53.0)	14/102 091	137.1 (75.0-230.1)	9/47 874	188.0 (86.0-356.9)
18-29 y	4/348 080	11.5 (3.1-29.4)	27/331 889	81.4 (53.6-118.4)	7/166 973	41.9 (16.9-86.4)
30-39 y	1/352 403	2.8 (0.1-15.8)	5/341 527	14.6 (4.8-34.2)	3/197 554	15.2 (3.1-44.4)
Female, *age*						
5-11 y	0/215 986	0.0 (0.0-13.9)	0/202 596	0.0 (0.0-14.8)	0/49 261	0.0 (0.0-60.8)
12-15 y	0/210 741	0.0 (0.0-14.2)	5/204 074	24.5 (8.0-57.2)	0/84 114	0.0 (0.0-35.6)
16-17 y	1/110 066	9.1 (0.2-50.6)	1/107 173	9.3 (0.2-52.0)	2/55 004	36.4 (4.4-131.3)
18-29 y	1/414 730	2.4 (0.1-13.4)	2/400 321	5.0 (0.6-18.0)	1/240 226	4.2 (0.1-23.2)
30-39 y	0/420 934	0.0 (0.0-7.1)	3/410 713	7.3 (1.5-21.3)	1/268 412	3.7 (0.1-20.8)
Moderna‖¶						
Male, *age*						
18-29 y	5/207 073	24.2 (7.8-56.3)	19/195 809	97.0 (58.4-151.5)	7/109 337	64.0 (25.7-131.9)
30-39 y	1/223 064	4.5 (0.1-25.0)	8/216 583	36.9 (15.9-72.8)	1/149 468	6.7 (0.2-37.3)
Female, *age*						
18-29 y	1/253 773	3.9 (0.1-22.0)	0/243 560	0.0 (0.0-12.3)	1/156 707	6.4 (0.2-35.6)
30-39 y	1/265 362	3.8 (0.1-21.0)	1/259 780	3.9 (0.1-21.4)	2/191 765	10.4 (1.3-37.7)

TRASTORNOS MENSTRUALES

MINISTERIO DE SANIDAD

agencia española de medicamentos y productos sanitarios

AGENCIA ESPAÑOLA DE MEDICAMENTOS Y PRODUCTOS SANITARIOS

NOTA DE SEGURIDAD

Vacunas de ARNm (Comirnaty y Spikevax) frente a la COVID-19 y riesgo de sangrado menstrual abundante

Fecha de publicación: 28 de octubre de 2022
Categoría: medicamentos de uso humano, seguridad
Referencia: MUH(FV), 7/2022

- **El PRAC, una vez finalizada la evaluación en marcha, ha concluido que existe una posibilidad razonable de que las vacunas de ARNm, Comirnaty y Spikevax, puedan relacionarse con la aparición de sangrado menstrual abundante. La frecuencia con la que podría aparecer se desconoce**
- **Los casos identificados describen principalmente alteraciones en el sangrado menstrual no graves y transitorias**
- **No existe evidencia que sugiera que estas alteraciones menstruales tengan algún impacto en la reproducción y la fertilidad de la mujer**

CONS

PROS

- Efectividad frente a infección baja.
- Menor gravedad en general con Ómicron.

- Efectividad frente a hospitalización alta.
- Efectividad frente a cuadros graves alta.
- Complicaciones infrecuentes pero posibles.
- Inmunidad híbrida.
- Vacunas seguras.

#LasVacunasSalvanVidas

STAT

FIRST OPINION

Lessons from polio about the need to vaccinate kids against Covid-19

By Lynn R. Goldman and Amanda D. Castel Nov. 11, 2022

A new survey suggests that levels of vaccine hesitancy, even among primary care doctors, may be higher than expected: About one in ten physicians who responded to the survey said they did not believe the vaccines were safe and about 8% said they did not think the Covid-19 vaccines were important.

We strongly recommend that children receive both the initial Covid-19 vaccination series and any necessary boosters. We base that on lessons learned in dealing with polio.

In children who are not vaccinated against polio, 70% of poliovirus infections cause no symptoms at all. The 25% who develop symptoms have nothing more than a low-grade fever and a sore throat.

But some children get really sick, and about 1% develop paralytic polio, usually occurring one to three days after what had seemed to be a minor illness has resolved. There are certain parallels with Covid-19. Infection with SARS-CoV-2, the virus that causes Covid-19, is relatively benign for the vast majority of children who get it. A CDC survey indicated that, by February 2022, 75% of individuals <18 years had had Covid-19 at least once.

Less than 2% of young people who develop Covid-19 experience a major acute illness. Children with Covid have higher rates of several severe health conditions after infection, including dangerous blood clots, myocarditis, acute kidney failure, and type 1 diabetes.

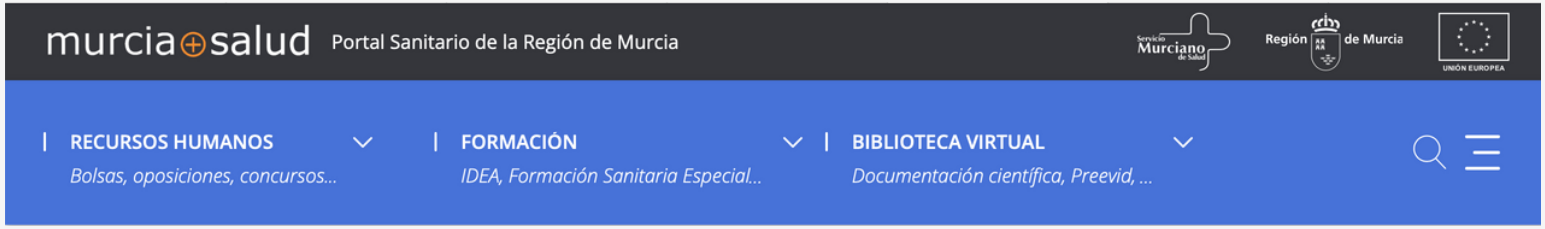
In addition, the CDC has identified more than 9,000 cases and 74 deaths due to a poorly understood MIS-C in children who have had Covid-19. Children can also develop long Covid and the fatigue, difficulty concentrating, and other neurological issues that go along with it, for which few if any treatments exist.

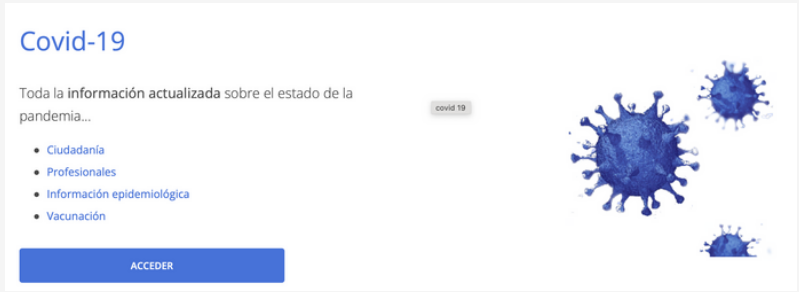
At the same time, existing Covid-19 vaccines are nowhere near as protective as the polio vaccine. The currently authorized Covid-19 vaccines do not protect people from infection in the context of an ever-changing virus and waning immunity from the current vaccine. They do, however, prevent from developing into a serious illness.

As new variants of the virus keep emerging, it becomes even more important for parents to follow the advice of the CDC and American Academy of Pediatrics. For now, the most current information persuades us that pediatric vaccination is safe and effective against severe acute Covid-19 disease and its complications.

It is too soon to know what the long-term consequences of Covid-19 infections in children will be. But lessons from polio and the past teach us that many viruses can have lifelong effects on health. That is why, in the case of Covid-19 as in so many others, we think that an ounce of prevention is worth a pound of cure.

https://www.statnews.com/2022/11/11/lessons-from-polio-vaccinate-kids-against-covid-19/





MUCHAS GRACIAS

matilde.zornoza@carm.es
vacunas@carm.es

Programa de vacunaciones

Región de Murcia
Consejería de Salud
Dirección General de Salud Pública y Adicciones