



Government inaction on COVID-19 vaccines contributes to the persistence of childism in Brazil

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On July 13, 2022, the Brazilian federal health regulatory agency (Anvisa) granted emergency use of CoronaVac (Sinovac Biotech) to protect children between the ages 3 and 5 from SARS-CoV-2 based on a re-evaluation of clinical trial research from China,¹ Chile^{2,3} and Brazil.⁴ This is a promising development as 41,395 children in this age group have been hospitalized for Severe Acute Respiratory Infection, SARI, (4470 COVID-confirmed), and 450 have died (144 COVID-confirmed) since the onset of the uncontrolled and preventable pandemic until the 22nd epidemiological week (epi week) of 2022 (see *Appendix 1*). Relative to 2019, the risk of SARI hospitalization in 2021 was 4.7 higher, and deaths have increased by 2 in this age group.

Despite this promising development, Brazil's Ministry of Health (MH) lacks the will, a plan, and the necessary doses to guarantee protection for the 8.3 million children in this age group. Considering that a two-dose regimen was approved, official data indicate a deficit of approximately 7 million doses. This is because the MH purchased 117 million CoronaVac doses and nearly 110 million have been administered to Brazilians (see *Appendix 2*). However, since other countries using this vaccine in this age group are already administering a booster, the deficit is 15 million doses.

It has been 544 days since the first vaccines were administered to Brazilian adults to protect them against severe disease caused by infection from SARS-CoV-2. Due to delayed planning and limited supply and procurement of vaccines by the MH, the rollout of vaccine coverage has progressed slowly. The BNT162b2 (Pfizer–BioNTech) vaccine was the only vaccine authorized for use in adolescents as young as 12 in Brazil from June 11, 2021, until January 20, 2022, when CoronaVac received Anvisa emergency authorization for use in children ages six and older,

136 days after Chile approved the emergency use of CoronaVac in the same age group. In that period, there were 194 SARI deaths (67 COVID-confirmed) in Brazil of children aged 6 to 11. Despite the well-known risks to children in this age group and the limited protocols to ensure safe school reopening considering rising infections in these age groups,⁵ the Ministry of Health and President Bolsonaro adopted policies and disseminated information to spread vaccine hesitancy among parents.⁶ Among Brazilians aged 5 to 11, official data suggest that 77.8% have received a first dose and 49.6% a second dose. However, these figures are unreliable as there have been multiple problems reporting vaccine data transparently and consistently throughout the Brazilian federation. Notwithstanding these efforts, preliminary evidence based on the reported trends comparing the first 22 epidemiological weeks in each year suggests that COVID-19 hospitalizations and deaths are decreasing significantly for older children and adolescents due to higher vaccine coverage rates as compared to 2021, when the reopening of schools occurred with limited safety protocols and no vaccines (*Figure 1*).

The Brazilian government continues to enact policies that result in structural, institutional discrimination, and systemic injustice against children in violation of their fundamental constitutional rights.⁷ While other governments, such as Argentina and Chile, are advancing to extend protection with a booster; and infants from six months to age four receive three doses in the United States, Brazilian families are waiting in angst for their children aged 3 to 5 to receive the first shot. Parents with even younger infants have yet to have an approved vaccine for their children.

This scenario is particularly worrying in Brazil, one of the ten countries with the highest concentration of income in the world and with a universal public health system with a proven record in successful vaccination campaigns, currently experiencing rising cases with the spread of the Omicron BA.4 and BA.5 variants. Children living in the poorest municipalities in Brazil have shown higher lethality from SARS caused by Covid-19 and have limited access to diagnostic tests.^{8,9} Actions that cause delays in vaccination and raise concerns among parents about the effectiveness of vaccines tend to have a more severe impact on children and families who are less likely to resort to other

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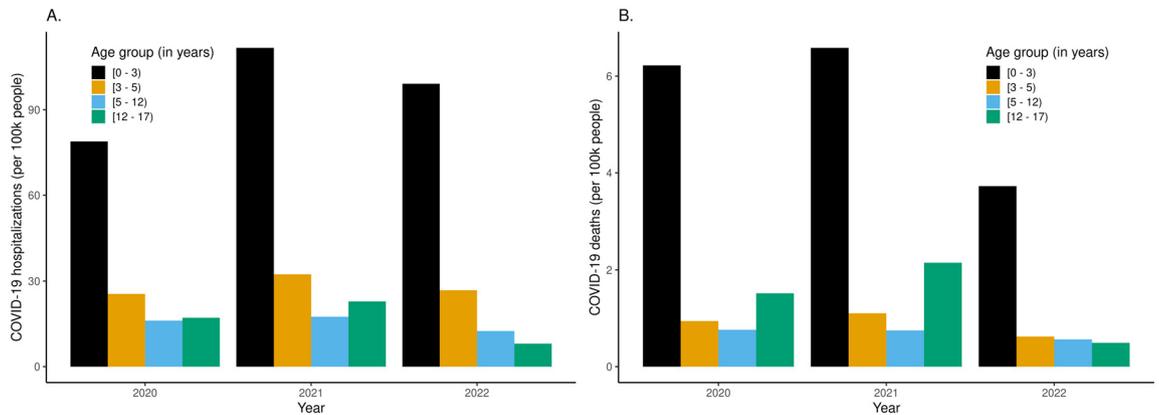


Figure 1. Children and Adolescent COVID-19 Hospitalizations and Deaths per 100,000 in 2020 (before vaccines and with onsite school closures), in 2021 (with vaccines for adolescents and with onsite school reopening), and in 2022 (with delayed vaccine rollout for children and adolescents) in the first 22 epidemiological weeks in each year. Source: Ministry of Health, SIVEP-Gripe.

actions to protect their health and are more exposed to the risk of becoming infected with SARS-CoV-2.

Contributors

L.G.B, A.B., L.S.B. and W.C collected the data. All authors contributed to the data analysis, interpretation and writing.

Declaration of interests

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Supplementary materials

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