Participant Information Sheet (Parent/Guardian): Com-COV3

Comparing COVID-19 Vaccine Schedule Combinations in adolescents

A single-blind, randomised, phase II multi-centre study to determine reactogenicity and immunogenicity of heterologous prime/boost COVID-19 vaccine schedules in adolescents

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Would your child like to participate in a COVID-19 vaccine study?

We would like to invite your child to take part in our COVID-19 vaccine study.

Taking part in research is entirely voluntary. Your child should only take part if they want to.

In this information sheet we explain the background for the study and describe what taking part would involve. Before your child makes a decision, it is important for them and you to understand why we are doing this research and what it would involve.

Please read the following information carefully and discuss it with your child. You may also want to consider discussing it with friends or relatives.

We will also send an age-appropriate information sheet about the study to your child. Those who are 16 years old will receive one very similar to this. Children aged 12 to 15 will be given a simpler one.

Young people aged 16 years or older can sign a consent form to take part in this study, if they wish to take part. Children younger than 16 years require the written consent of their parent or guardian.

Summary

- **Young people aged 12 – 16 years are invited to receive COVID-19 vaccine**
- **We would give the first and second dose or the second dose only**
- **5 or 6 visits over the next year**
- **5 or 6 blood tests in total, taking place in St George's University Hospital**
- **Complete an online diary for around 2 months**

IMPORTANT INFORMATION IF YOUR CHILD IS CONSIDERING TRAVELLING ABROAD

Many countries now require evidence of COVID-19 vaccination to allow travellers to enter. Taking part in this study may mean that you receive a combination of vaccines which is not

recognised for travel to certain countries. Regulations vary between countries and are constantly changing.

If you are considering travelling abroad (especially in the next twelve months), please read the Appendix at the end of this information sheet. It contains information which will help you to decide whether or not to take part in this study.

Why has my child been asked to take part?

We are asking your child to take part because they are the right age and live in an area where we are doing the study.

Who is sponsoring, organising and funding the research?

The study is organised and sponsored by the University of Oxford. It is funded by the UK Vaccine Task Force and through financial support to the University of Oxford from the National Institute for Health Research (NIHR), which is a UK government funded research agency. Novavax is providing vaccines for the study. Neither your GP nor the researchers are paid for recruiting your child into this study.

What is the purpose of this research study?

The purpose of this study is to test how well young people (aged 12-16 years) respond to two doses of COVID-19 vaccine, comparing three different vaccines.

Since early 2020, COVID-19 has spread around the world. It has killed over 130,000 people in the UK and over 4 million people worldwide (by August 2021). It has made many more people seriously unwell.

Widespread vaccination is helping to save lives, reduce severity of illness and reduce spread of the disease. Most adults in the UK have now been vaccinated. By early August 2021, over 88% of adults in the UK had received at least one dose of vaccine.

The vaccination programme in the UK has so far focussed on adults because older adults are more likely to suffer from severe disease or die from COVID-19 than younger people. Although children and young people usually do not become very unwell with COVID-19, some do develop serious illness and a few have died. Young people with COVID-19 occasionally develop a serious inflammatory condition called paediatric multisystem inflammatory syndrome (PIMS-TS). In England, in the first year of the pandemic (until the end of February 2021), 251 under 18-year-olds (about 20 per million) were admitted to intensive care with COVID-19, and 25 (about 2 per million) died; 309 (about 26 per million) developed PIMS-TS.

Vaccinating young people may reduce their risk of severe disease, reduce their chance of missing time in education whilst isolating, and reduce the chances of infecting others.

In the UK, healthy young people aged 12 to 17 are currently offered a single dose of the Pfizer-BioNTech vaccine. It is also recommended that children aged 12 to 15 years old with specific underlying health problems (such as Down's syndrome, severe neurodisability or immunosuppression), who are at particular risk of serious COVID-19, should be offered two

doses of Pfizer-BioNTech vaccine, given 8 weeks apart, as should children in this age group who live with a person with impaired immunity.

There is very close surveillance of all vaccines to identify any rare, serious unwanted effects. The mRNA vaccines, Pfizer-BioNTech and Moderna, have now been given to many millions of people across the world. They are routinely given to young people under 18 years old in several countries, including the USA. Some very rare, but serious, side effects have been recorded, including myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the membrane around the heart). This has been observed more often after the second dose of mRNA vaccine, especially in young men (12 to17 years). In the USA, in males aged 12-17 years, myocarditis was reported in 9.8 per million first doses given, and in 67 per million second doses.

It is likely that two doses of COVID-19 vaccine will provide better protection for young people against disease than a single dose. However, the advantage of better protection needs to be balanced against the potential risks of a second dose of vaccine.

We are therefore exploring alternative vaccine strategies in this study. One possible strategy could be to use a different vaccine for the second dose. Another possible strategy could be to use a lower dose of vaccine in the second immunisation.

It is currently unknown whether either of these strategies would produce an immune response in young people comparable to two standard doses of the Pfizer-BioNTech vaccine. Our study aims to answer this question.

If a lower dose of vaccine can be used for the second immunisation, then not only could the adverse effects of vaccination be minimised, but it would also mean that more people can be vaccinated with the available supply of vaccine.

If a different vaccine can be used for the second immunisation, it allows flexibility in the immunisation schedule. If one vaccine were to be in short supply, then another could be used instead. Again, this would mean that more people can be vaccinated with the available supply of vaccine.

It is important to understand that this study will not be large enough to compare the risk of myocarditis in those receiving 2 full doses of an mRNA vaccine compared with the alternative schedules, since this is such a rare event. The study will provide valuable information on different vaccine combinations in adolescents, helping to identify those that produce fewest common side effects and the best quality immune responses. We will also be measuring two blood proteins, known as Troponin and NT-proBNT, the levels of which can change if heart muscle is inflamed. These will be measured before and after immunisation, to learn more about the normal ranges of these tests in adolescents, and whether the levels are affected by immunisation.

What happens in the study?

This study will enrol young people aged 12 to 16 years from various sites in the UK.

All participants will receive first immunisation with a standard dose of Pfizer-BioNTech vaccine. This may either be given in the study, or it may have been given in the community before enrolment in the study.

A second dose of COVID-19 vaccine will be given at least eight weeks after the first. The type and dose of vaccine given to each participant will be decided using a process called "randomisation".

The second dose of vaccine will be one of the following four possibilities:

1. A full standard dose of Pfizer-BioNTec vaccine
2. A half standard dose of Pfizer-BioNTec vaccine
3. A half standard dose of Moderna vaccine
4. A standard dose of Novavax vaccine

The chance of being allocated to each of these is the same (25%). Participants (and their parents/guardians) will **not** be informed which of these vaccines they will receive until one month after their second dose of vaccine. This is because one of the aspects of the study is to investigate the side-effects associated with the vaccines and we do not want reporting to be biased.

Each participant who receives their **first vaccine in the study** will have a total of six blood tests during the course of the study to assess their immune response to the vaccines. These will be before the first vaccine; before the second vaccine; approximately two and four weeks after the second vaccine; approximately six and twelve months after the first vaccine.

Each participant who receives their **first vaccine in the community** will have a total of five blood tests during the course of the study. These will be before the second vaccine; approximately two and four weeks after the second vaccine; approximately six and twelve months after the first vaccine.

Participants at some sites would be asked to provide saliva samples and have a sample of nasal fluid taken at the first three study visits, but this is completely optional. Participants will not be informed of the results of their blood tests (or saliva and nasal fluid tests).

Visits will take place at the St George's University Hospital.

Participants will be given a diary to record symptoms for 28 days after each immunisation.

Participants remain enrolled in the study for up to one year.

What vaccines are we testing?

This study uses three different vaccines: Pfizer-BioNTech, Moderna and Novavax.

Pfizer-BioNTech COVID-19 vaccine (BNT162b2) was the first COVID-19 vaccine to be granted regulatory approval by the UK medicines regulator MHRA on 2nd December 2020. The approval was extended to include children aged 12 -15 years on 4th June 2021.

This is a messenger RNA (mRNA) vaccine. This vaccine uses a small amount of the genetic coding material (mRNA) of the SARS-CoV-2 (COVID-19 virus) spike protein packaged inside

tiny fatty particles (lipid nanoparticles). After injection, these fatty particles are taken up by human cells, which start producing the spike protein. The immune system then makes a protective immune reaction to the spike protein. The original mRNA is broken down within a few days and cannot be incorporated into human genes.

This vaccine has been shown to be very effective at preventing severe COVID-19 disease and reducing transmission of infection. Millions of doses of this vaccine have now been given in the UK.

The following are recognised side effects of this vaccine:

Very common (may affect more than 1 in 10 people): injection site pain or swelling; tiredness; headache; muscle pain; joint pain; chills; diarrhoea; fever.

Common (may affect up to 1 in 10 people): injection site redness; nausea; vomiting.

Uncommon (may affect up to 1 in 100 people): enlarged lymph nodes; feeling unwell; arm pain; insomnia; injection site itching; allergic reactions such as rash or itching.

Rare (may affect up to 1 in 1000 people): temporary one-sided facial drooping; allergic reactions such as hives or swelling of the face.

Very rare: severe allergic reaction; pericarditis or myocarditis (as described above in the section "What is the purpose of this study?").

The characteristic symptoms of myocarditis are:

- a stabbing pain and/or tightness in the chest (which may spread across the body)
- pain in the neck that may spread across the shoulders and/or arms
- shortness of breath when lightly exercising or walking; or difficulty breathing when resting; or feeling light-headed
- palpitations (the feeling of an abnormal heart rhythm).

Young people experiencing these symptoms after receiving a COVID-19 vaccine are advised to ring 111 or see their GP.

Moderna COVID-19 vaccine was granted regulatory approval by the UK medicines regulator MHRA on 8th January 2021. The approval was extended to include children aged 12 -17 years on 17th August 2021.

Like the Pfizer BIoNTech vaccine, it is a messenger RNA (mRNA) vaccine and uses a small amount of the genetic coding material (mRNA) of the SARS-CoV-2 (COVID-19 virus) spike protein packaged inside lipid nanoparticles.

This vaccine has also been shown to be very effective at preventing severe COVID-19 disease and reducing transmission of infection, and hundreds of millions of doses have been given worldwide.

The following are recognised side effects of this vaccine:

Very common (may affect more than 1 in 10 people): Swelling/tenderness of the underarm glands on the same side as the injection site; headache; nausea; vomiting; muscle ache, joint aches or stiffness; pain or swelling at the injection site; tiredness; chills; fever.

Common (may affect up to 1 in 10 people): rash; injection site rash, redness or hives.

Uncommon (may affect up to 1 in 100 people): injection site itching.

Rare (may affect up to 1 in 1000 people): temporary one-sided facial drooping; swelling of the face; dizziness; decreased sense of touch.

Very rare: severe allergic reaction; hypersensitivity; pericarditis or myocarditis.

Novavax (NVXCoV2373) is an investigational medical product. It is not currently licensed for general use outside medical studies. It has been given to tens of thousands of people within medical studies, including about 1400 adolescents, and no safety concerns have been raised. In clinical trials in the UK, the US and South Africa, this vaccine has been shown to be very effective at preventing symptomatic COVID-19 infection and severe COVID-19 disease. The manufacturer has now applied for regulatory approval of the vaccine by both the UK regulator (the MHRA) and the European Medicines Agency (EMA). A decision is expected in the next few months, but it is possible that the vaccine may not be approved for general use before this study begins.

This vaccine is based on the spike protein from the SARS-CoV-2 virus in combination with an adjuvant, a substance that increases the response of the immune system to the protein. The adjuvant is called "Matrix-M1™" and consists of saponin (which is derived from the soapbark tree) and natural fats. There is less information available about the incidence of side effects than for the Pfizer-BioNTech vaccine. However, the common minor side effects of Novavax are likely to be similar to those shown above for Pfizer-BioNTech. In a recent study in adults over 50 years old, we found that those given Novavax tended to experience similar rates of generalised effects (such as fever, tiredness, muscle aches, etc.) as those given Pfizer-BioNTec, but lower rates of effects at the injection site (such as swelling, redness, soreness or tenderness).

Does my child have to take part?

No. It is up to you and your child to decide whether or not to take part. They will not be penalised in any way if they decide not to participate. Their decision will not affect their standard medical care. If they do decide to take part, they will be given an information sheet to keep (or be sent it electronically). If your child is 16 years old or above, they will be asked to sign a consent form. If they are younger, a parent or guardian must sign the consent form, but your child must show that they assent to taking part. Your child is free to withdraw from the study at any time, without giving a reason (although we may request a follow up appointment for safety reasons).

Can my child take part?

To take part in this study your child must:

- Be aged between 12 and 16 years (i.e. up until their 17th birthday).
- Be able and willing (in the investigator's opinion) to comply with all study requirements.
- Allow the investigators to discuss their medical history with their GP and access all medical records.
- Provide written informed consent. Those 16 years or older, can provide consent for themselves. However, parents/guardians should also be involved in the decision to

take part. Children under 16 years old must have the written consent of their parent or guardian.

Your child cannot participate in this study if any of the following apply:

- They have received any vaccine (licensed or investigational) less than 7 days before enrolment (or intend to receive any vaccine less than 7 days after receiving the study COVID-19 vaccines).
- They have previously received two doses of COVID-19 vaccine, or one dose of a COVID-19 vaccine other than Pfizer BioNTech.
- They are a close family member of someone working at the study sites.
- They belong to a group already advised by the JCVI to receive two doses of Pfizer-BioNTech vaccine, e.g. if they have specific underlying health problems (such as Down's syndrome, severe neurodisability or immunosuppression), or if they live with an immunosuppressed person. (The full details can be found in the “Green Book”).
- They have received immunoglobulins or blood products within 3 months of enrolment.
- They have any confirmed or suspected immunodeficiency (significant problems with their immune system).
- Their spleen has been removed or is not functional.
- They have recurrent severe infections.
- They have used immunosuppressant medication within the past 6 months (except topical steroids or short-term oral steroids for less than 14 days).
- They have a history of anaphylaxis, allergic disease or reactions likely to be worsened by any component of study vaccines, or if they are allergic to latex or polyethylene glycol/macrogol (PEG).
- They are pregnant or breast feeding,or intending to become pregnant within three months of the second dose of vaccine.
- They have had a malignant disease requiring chemotherapy or radiotherapy for malignancy within the past 6 months.
- They have a bleeding disorder, or prior history of significant bleeding or bruising following IM injections or blood tests.
- They are prescribed anticoagulants (such as warfarin, apixaban, rivaroxaban, dabigatran and edoxaban).
- They have any serious chronic illness requiring hospital specialist supervision.
- They have congenital heart disease.
- They have severe and/or uncontrolled respiratory disease, gastrointestinal disease, liver disease, renal disease, rheumatological disease, endocrine disorder or neurological illness (If they have mild to moderate, well controlled conditions, they may participate in the study).
- They have a history of active or previous auto-immune neurological disorders (e.g. multiple sclerosis, Guillain-Barre syndrome, transverse myelitis).
- They have significant kidney or liver impairment.
- They have elective surgery requiring overnight admission and/or general anaesthetic planned for during the study.

- They have participated in another research study involving an investigational product in the past 12 weeks.
- Their ability to understand English is insufficient to undertake all study requirements, in the opinion of the investigators.

Mild conditions that are well-controlled would not automatically exclude them from participating. If you are unclear whether they are eligible to be involved in the study, you can contact the study team who will be able to advise you.

If your child has previously had confirmed or suspected COVID-19 infection, they may still take part in the study.

What will happen if your child decides to take part?

If your child decides to take part in the study, you should complete the short online questionnaire to check that they are eligible. At the end of this, you will be asked if you agree to a researcher contacting you by phone to ask questions about their current health and discuss details of their medical history, if required. You will also be asked to agree to allow us to contact their GP for further information, if necessary. If they are eligible, they will be invited to a face-to-face visit.

What happens next will depend on whether your child has already received their first dose of COVID-19 vaccine in the community.

IF YOUR CHILD HAS NOT ALREADY RECEIVED A COVID-19 VACCINE IN THE COMMUNITY:
They would visit us six times over the course of a year. All visits will be arranged to take place outside of school hours.
What happens at each visit is summarised in this table and then described in more detail below.

Visit	D0	D56	D70	D84	D182	D364
Week	0	8	10	12	26	52
Eligibility	✓					
Consent	✓					
Blood test	✓	✓	✓	✓	✓	✓
Saliva sample/nasal fluid sample (at some sites only, and optional)	✓	✓	✓			
Vaccine	✓	✓				
Diary	✓	✓				

At the first visit (D0), we will re-check that your child is eligible to take part. Their temperature will be recorded. If it is above 37.8°C, or if they have symptoms of a respiratory tract infection, the visit will be rescheduled. Their heart rate, and height and weight will be checked. A doctor may need to do a physical examination. It is important that females who take part in the

study are not pregnant and do not become pregnant during the course of the study (until at least three months after the second vaccination). Anyone who could possibly be pregnant (considered to be any female aged 12 and above) must provide a urine sample to check before they receive a vaccination (at the first and second visits). All female participants who have started their periods should avoid becoming pregnant during the study (for example using effective contraception if they are sexually active).

You and your child may be shown a video describing the study. You and your child will have the opportunity to ask any questions you want before being asked to sign the consent form for the study. Participants aged 16 years sign the consent form for themselves. For those under 16 years, a parent or guardian must sign the consent form.

Your child will have a blood test. If they want the skin numbed with local anaesthetic cream, this can be provided. Their blood will be sent for analysis to measure various markers of immunity to COVID-19 (antibodies and T-cells). Blood samples from the first three visits will also be analysed for a substance called troponin (levels of which can rise in myocarditis).

We would also (at some sites) ask to take nasal fluid and saliva samples which are to look at the immune response in the lining of the airways. These tests would be repeated at subsequent visits if your child had them at the first visit. Your child can say no to these tests and still take part in this study.

Your child will be given their first dose of COVID-19 vaccine (full standard dose of Pfizer-BioNTech) by injection into the muscle of the upper arm (deltoid). They will need to stay for at least 15 minutes after the vaccination.

Your child will be given a link to an e-diary to record any symptoms they experience after the vaccination. A back up paper version can be provided instead if you are unable to access the internet; to allow the study team to view the entries on a regular basis we would prefer you to complete the diary online. They will also be given a thermometer and tape measure. They will be asked to record local symptoms at the injection site (pain, tenderness, redness, warmth, itch, swelling and hardness) each day for seven days after vaccination. Similarly, they will be asked to record general symptoms (fever, chills, joint pains, muscle pains, fatigue, headache, malaise, nausea, vomiting, diarrhoea) each day for seven days. They will also be asked to record any other symptoms they experience in the 28 days after vaccination. They may need help from an adult to complete the diary.

The first visit is likely to take up to two hours. The other visits will be shorter.

At the second visit (D56), about 8 weeks later, we will take a second blood test (and saliva/nasal fluid sample if this was taken at the first visit). For girls, we will check a urine pregnancy test.

Your child will then be “randomised” to decide which vaccine they will receive for the second dose (Pfizer-BioNTech, Moderna or Novavax) and whether they will receive a full or half standard dose. You and your child will not be told which it will be until later in the study.

We will give your child their second dose of COVID-19 vaccine, according to what was determined by the randomisation. They will again need to stay for at least 15 minutes after vaccination.

We will look at what they have recorded in their symptom diary and ask them to record their symptoms after the second vaccination. We will ask for the same information as the after the first vaccination. This visit will take up to an hour.

At the third, fourth, fifth and sixth visits (D70, D84, D182 and D364), your child will only have a brief health check and a blood test (and a saliva/nasal fluid sample at the third visit, if this was taken at previous visits). These will be scheduled at about 10, 12, 26 and 52 weeks after your first visit and will take about 30 minutes.

IF YOUR CHILD HAS ALREADY RECEIVED A COVID-19 VACCINE IN THE COMMUNITY:

Your child would visit us five or six times over the course of a year. All visits will be arranged to take place outside of school hours.

What happens at each visit is summarised in this table and then described in more detail below.

Visit	Screening	D56	D70	D84	D182	D364
Eligibility	✓					
Consent	✓					
Blood test		✓	✓	✓	✓	✓
Saliva sample/nasal fluid sample (at some sites only, and optional)		✓	✓			
Vaccine		✓				
Diary		✓				

The Screening and D56 visits may be scheduled separately, or may be combined to occur at the same time.

At the screening visit, we will check that your child is eligible to take part. You and your child may be shown a video, describing the study. You will both have the opportunity to ask any questions you want before being asked to sign the consent form for the study.

At the D56 visit, at least 8 weeks after your child's first vaccination, they will have a brief health check. Your child's temperature will be recorded. If it is above 37.8°C, or if your child has symptoms of a respiratory tract infection, the visit will be rescheduled. Your child's heart rate b and height and weight will be checked. Anyone who could possibly be pregnant (considered to be any female aged 12 and above) must provide a urine sample to check before they receive a vaccination.

Your child will have a blood test. If they want their skin numbed with local anaesthetic cream, this can be provided. Your child's blood will be sent for analysis to measure various markers of immunity to COVID-19 (antibodies and T-cells). Blood samples from the D56 and D70 visits will also be analysed for a substance called troponin (levels of which can rise in myocarditis).

We would also (at some sites) ask to take nasal fluid and saliva samples which are to look at the immune response in the lining of the airways. These tests would be repeated at the D70 visit if your child had them at the D56 visit. Your child can say no to these tests and still take part in this study.

Your child will then be "randomised" to decide which vaccine they will receive for the second dose (Pfizer-BioNTech, Moderna or Novavax) and whether they will receive a full or half standard dose. You and your child will not be told which it will be.

We will give your child their second dose of COVID-19 vaccine, according to what is determined by the randomisation. They will need to stay for at least 15 minutes after the vaccination.

You will be given a link to an e-diary to record any symptoms your child experiences after the vaccination. A back up paper version can be given instead, if you are unable to access the internet; to allow the study team to view the entries on a regular basis we would prefer you to complete the diary online. Your child will also be given a thermometer and tape measure. Your child will be asked to record local symptoms at the injection site (pain, tenderness, redness, warmth, itch, swelling and hardness) each day for seven days after your vaccination. Similarly, your child will be asked to record general symptoms (fever, chills, joint pains, muscle pains, fatigue, headache, malaise, nausea, vomiting, diarrhoea) each day for seven days. Your child will also be asked to record any other symptoms they experience in the 28 days after your vaccination.

This visit is likely to take up to two hours. The other visits will be shorter.

The remainder of the visits (D70, D84, D182 and D364) will only require your child to have a brief health check, and blood test (and a further saliva/nasal fluid sample will be taken at the D70 visit, if this was taken previously). These will be scheduled at about 2, 4, 18 and 44 weeks after your D56 visit. These visits will last about half an hour.

What should my child avoid during the study?

Your child should not take part in other studies that involve the administration of drugs or vaccines, or studies testing other interventions for COVID-19. If your child needs to receive any vaccinations while enrolled in this study, you should inform the research team beforehand, so we can discuss with you the most appropriate time to receive them.

It is important that females do not become pregnant from the start of the study until at least three months after the second vaccination. This is partly because the effects of a new vaccine on the unborn child are unknown, but also because if a participant is pregnant, this might affect the results of the study. Females who have started their periods should avoid becoming pregnant during the study (for example using effective contraception if they are sexually active).

Your child should not give blood whilst in the study. (The Blood Transfusion Service only accepts donations from people aged 17 years or above. Participants in this study whose 17th birthday falls during the study, should not give blood until after their last study visit.)

Are there any risks from taking part in the study?

1. Vaccination side effects

All vaccines can potentially cause side effects. Most side effects are likely to be mild or moderate in severity and resolve within a few days. Details of possible side effects for the Pfizer-BioNTech and Moderna vaccines are given above, in the section "What vaccines are we testing?".

Novavax is still an investigational medical product, so less detailed information is available. It is likely to have the same common side effects as other vaccines. Very rare side effects may not be recognised until a vaccine has been given to very large numbers of people.

Severe allergic reactions (anaphylaxis) after vaccination are extremely rare. If they occur, they do so within minutes of the injection. This is the reason we ask your child to stay for at least 15 minutes after your vaccination. The study staff are trained and equipped to recognise and treat anaphylaxis.

2. Blood tests

Having blood taken may cause some pain, although we will use anaesthetic cream to numb the skin if requested. Your child may feel light-headed or even faint. Your child may notice a bruise afterwards. Taking blood can sometimes be difficult. If we are unable to obtain the blood sample first time, we may ask your child permission for a second attempt.

3. Unwanted media attention

The media are very interested in reporting news about COVID-19. They sometimes approach study participants for "their story". We can give you advice about avoiding unwanted media attention if needed.

4. Implications for travel and attending events

If your child is planning to travel abroad, please read with them the Appendix at the bottom of this information sheet. This will help them to decide whether to take part.

What are the advantages of taking part?

All 12- and 17- year-olds in the UK are now going to be offered one dose of Pfizer-BioNTech vaccine. However, by taking part in this study, your child will receive a second dose of a COVID-19 vaccine. It is expected that two doses of COVID-19 vaccine will provide better protection for young people against disease than a single dose. It is also possible that by

receiving two doses your child is less likely to transmit COVID-19 to other people than if they received only one dose.

The results of this study may be used to guide future decisions about how best to vaccinate young people against COVID-19. By taking part in the study, your child will have contributed to this.

What should I do if I believe my child may have developed COVID-19 during the study?

The vaccinations your child would receive in this study do not guarantee protection from COVID-19. Participants in the study should continue to follow all current government advice on COVID-19.

If your child is unwell then contact the NHS 111 service or phone 999.

If your child has a positive swab performed in the community or is diagnosed as having COVID-19 disease while in the study, then you must contact the study team on 07759536681 or com-cov3@sgul.ac.uk / vaccineoncall@sgul.ac.uk .

If your child is admitted to hospital during the study (for any reason), then you should inform the medical or nursing staff that they are taking part in this study. We will provide a contact card for you to give to these staff.

It is important that you understand that if your child becomes seriously unwell and needs to be admitted to hospital, the standard referral routes within the NHS will be used. Participants will be treated the same way as the general population in this context of the COVID-19 pandemic. We are unable to offer extra medical support outside what is available within the NHS for the general public.

If your child is diagnosed with COVID-19, they should not come to any scheduled visit until they have fully recovered. Similarly, they should not attend during any period of self-isolation or quarantine. If your child is unable to attend for any of these reasons, please telephone us. No-one who has current symptoms of COVID-19 or a recent positive test should accompany your child to study visits.

What if your child is eligible for routine immunisation against COVID-19, or becomes eligible whilst enrolled in the trial?

Any adolescent who is currently eligible for two doses of COVID-19 vaccine should not take part in this study. (This applies to adolescents at high risk of COVID-19 disease, or those living with someone with a poorly functioning immune system). At present 12- to 17- year- olds in the UK are eligible to get a single dose of the Pfizer COVID-19 vaccine, and by taking part in this study they will receive this first dose, as well as a second dose of a vaccine (which is expected to improve protection against COVID-19 disease). However, it is important to note that participants in this study will not know which vaccine schedule they have received until after the D84 visit.

If the recommendation for routine immunisation changes, then we will seek advice from the study trial steering committee. They will consider what vaccines are required routinely and the immune responses observed in this study, before deciding about further immunisations in the study. Your child may not require additional vaccines.

Will we be compensated for taking part?

Yes, we are able to reimburse you at a rate of £10 for each study visit, to help towards travel and other expenses. This may be given to your child as vouchers. Reimbursement may not be given at each visit (for example, we may give you a £20 voucher at every second visit). The exact arrangements for reimbursement may vary between sites.

What if new information becomes available during the study?

Sometimes during the course of a study, relevant new information becomes available. If this happens, we would tell you and your child about it. We would discuss whether your child wants to, or should, continue in the study. If your child decides to continue to take part, you will be asked to sign an updated consent form. On receiving new information, we may consider it to be in your child's best interests to withdraw from the study. Your child's participation in this study may also be stopped at any time by the study doctor or the Sponsor for other reasons.

What will happen if I don't want to carry on with the study?

If, at any time after agreeing to participate, your child changes their mind about being involved with this study, they are free to withdraw without giving a reason. If your child withdraws, we would not usually perform any more research procedures, although occasionally we might need to offer a follow up visit for safety purposes (for example, to check the injection site or a blood result). Your child would not be penalised in any way for their decision. Unless you request otherwise, any samples taken whilst your child has been in the study will continue to be stored and used for the research detailed above. You or your child can request that the samples are destroyed at any time during or after the study. If your child chooses to withdraw from the trial, your child's standard medical care will not be affected.

What if something goes wrong?

The investigators recognise the important contribution that volunteers make to medical research, and make every effort to ensure your safety and well-being. The University of Oxford, as the research Sponsor, has arrangements in place in the unlikely event that your child suffers any harm as a direct consequence of participation in this trial.

In the event of harm being suffered, while the Sponsor will cooperate with any claim, you may wish to seek independent legal advice to ensure that your child is properly represented in pursuing any complaint. The study doctor can advise you of further action and refer your child to a doctor within the NHS for treatment, if necessary. NHS indemnity operates in respect of the clinical treatment which may be provided if your child needs to be admitted to hospital.

What if I wish to complain?

If you wish to complain about any aspect of the way in which you or your child have been approached or treated during the course of this study, you should contact the research investigators who will do their best to address your concerns. You can contact us by e-mail at com-cov3@sgul.ac.uk. Alternatively, you may contact the University of Oxford Research Governance, Ethics & Assurance team(RGEA) office on 01865 616480, or the head of RGEA at ctrg@admin.ox.ac.uk.

Would my child's taking part in this trial be kept confidential?

All information collected about you during the course of the research will be coded with a study number and kept confidential. The information is available to the study team, authorised collaborators, ethical review committees, St George's University Hospitals NHS Foundation Trust, government regulatory agencies and the Sponsor (University of Oxford), who can ask to access the trial data. Responsible independent monitors may be given access to data for monitoring and/or audit of the trial to ensure we are complying with regulations. They are bound by the same confidentiality rules.

Every effort will be taken to maintain confidentiality. Information about your child may be stored electronically on a secure server, and paper notes will be kept in a key-locked filing cabinet at the St George's University Hospital. Study results may be published in scientific journals, but nothing that could identify your child will be included in any report or publication.

What will happen to my child's data?

UK Data protection regulation requires that we state the legal basis for processing personal information. In the case of research, this is 'a task in the public interest.' The University of Oxford is the sponsor for this study, based in the United Kingdom. The University is the data controller and is responsible for looking after your child's information and using it properly.

We will be using information from your child's medical records in order to undertake this study and will use the minimum personally-identifiable information possible. We will keep identifiable information about your child, such as contact details for a minimum of 5 years and until the youngest participant turns 21 years as per the university requirements for studies that involve paediatric participants. The need to store this information for longer in relation to licensing of vaccines will be subject to ongoing review. De-identified research data will be stored indefinitely. If you have agreed that samples can be retained for future research, then your child's personally identifiable information will be kept with restricted access solely for the purposes of sample management for a minimum of five years after the last sample has been either used or disposed of in order to meet regulatory requirements. We will also store your consent form. Samples will be provided for future research only in a form that does not identify your child. We store research data securely at the University of Oxford indefinitely following removal of identifiable information. If you agree to your contact details being held so you can be contacted regarding future research,

we will retain a copy of the consent form until such time as your details are removed from our database; we will keep the consent form and your contact details separately.

The study team will use your name and contact details to contact you about the research study; to make sure that relevant information about the study is recorded; for your health care health during the study; and to oversee the quality of the study. At the completion of the study, unless you consent otherwise (e.g. if you request to be informed of other studies), your personal details will not be used to contact you other than in exceptional circumstances. If you consent to take part in another study carried out by St George's University Hospital, personal information and medical information, including blood test results, may be accessed to avoid unnecessary repetition.

Data protection regulation provides you with control over your personal data and how it is used. When you agree to your information being used in research, however, some of those rights may be limited in order for the research to be reliable and accurate. Further information about your rights with respect to your personal data is available at: https://compliance.web.ox.ac.uk/individual-rights

Involvement of your child's General Practitioner (GP)

In order to enrol into this study, you will need to tick a box on an online form to say that you consent for us to contact your child's GP. Your child's GP may be asked to share information about your child's medical history and give access to any other medical records as required. We will write to your GP to let them know when you enrol and when you complete the study, so they can update your medical records accordingly.

What will happen to any samples my child gives?

If you consent, any of your child's leftover samples can be stored and used for future research on vaccines or infectious diseases. This is optional; your child's participation in this study will not be affected by whether or not you decide to allow storage and future use of leftover samples. You may request at any time for your child's remaining samples to be destroyed.

Analysis of your samples, measuring the immune response of your body, will be done both at the University of Oxford and at other collaborating laboratories in the UK and overseas. Any samples or data sent to them would not include information that identifies your child.

Will any genetic tests be done?

We may do genetic tests on your child's blood samples, for example to look at the patterns of genes that regulate your child's own individual immune response (these are called Human Leukocyte Antigen genes). This helps us to work out which aspects of the immune response to vaccines are due to genetic differences between individuals. We may also look at the expression of certain genes which relate specifically to the immune response to COVID-19. Any samples and information recorded will be marked only with a study ID so that we cannot directly identify your child. However, your child's DNA is unique, and so will never be completely anonymous.

What will happen to the results of the research study?

The results of this research study will be presented to UK policy makers, and at scientific meetings or conferences and published in scientific medical journals. This may not happen until 1 or 2 years after the study is completed. A copy of the results will be made available to you after the study. You will not be identified in any report or publication.

The de-identified data from this study will be shared with the collaborating partners who are organising and funding this research work. Data from this study may be used to file patents, licence vaccines or make profits in other ways. You will not be paid for any part of this. Data from this study may be used as part of a student post-graduate degree, for example an MD or PhD.

Taking part in future vaccine-related research

With your consent, we would like to keep your contact details after your child's participation in this study is complete, so we may inform you of opportunities to participate in future vaccine related research. This is entirely optional and your participation in this study will not be affected by your decision to allow or not allow storage of your contact details at the end of this study. Being contacted does not oblige you to agree to take part in future research. Your details will be stored electronically on a secure server to which only authorised individuals at the Oxford Vaccine Group will have access. You can ask us to remove your contact details from our database at any time.

We will not, under any circumstances, share your contact details with any third-party institutions without your permission.

Who has approved the study?

This study has been approved by the NHS Research Ethics Service (RES) – Berkshire Research Ethics Committee. The Medicines and Healthcare products Regulatory Agency (MHRA), which regulates the use of all medicines in the UK, has reviewed the study design and has granted permission for use of an unlicensed vaccine in this clinical study.

Further information and contact details

We hope this information sheet has answered all of your questions. If you would like further information about participating in research, please visit the following website: http://www.nhs.uk/conditions/Clinical-trials/Pages/Introduction.aspx.

For independent advice about participating in this trial, you may wish to contact your GP.

If you would like to speak to one of our team members to discuss any aspect of this study, or **if you are interested in taking part, please contact us**:

Vaccine Institute
Room 0.123 Ground floor Jenner Wing

St Georges University of London
Cranmer Terrace
Tooting
London
SW17 0RE

Email: com-cov3@sgul.ac.uk

APPENDIX

HOW TAKING PART IN THE STUDY MAY AFFECT YOUR CHILD'S TRAVEL ARRANGEMENTS

At the vaccination visits your child will be given a COVID-19 vaccination card or letter, which is the same as that used in the national vaccination program. However, unlike in the national program, for the second dose of vaccine this card or letter will not give the name and batch number of the vaccine your child received; it will simply say "COVID-19 vaccine". These cards or letters are not at present considered to be "vaccination passports" (this is true whether you receive them through the national immunisation programme or through a study).

In England and Wales, it has been agreed that adult participants in COVID-19 vaccine clinical studies will be eligible for an NHS COVID Pass (a 'green tick' on the NHS App). This is the case even if they have received a vaccine (or vaccine dose) that is not yet approved for use outside clinical studies, or if they do not know which vaccine they have received. However, this is not the case for under 16-year-olds, who may not be able to attend events in England and Wales where an NHS COVID Pass (green tick) is required.

For foreign travel, many countries require evidence of approved COVID-19 vaccination before allowing travellers into their country. Vaccination status can also make a difference to the requirements to quarantine in a foreign country on arrival. The vaccinations considered acceptable for these purposes vary between countries, as does the lower age limit applied. For example, some countries require adolescents to have received a COVID-19 vaccine, whereas others do not. People under the age of 18 travelling to France from the UK automatically have the same vaccination status as their accompanying adult. Current requirements may change in future.

At present, most foreign countries will not grant permission for entry based on participation in a clinical study if the participant has received a vaccine (or vaccine dose) that is not yet approved for use outside clinical trials, or if the participant does not know what vaccine they have received. As some participants in this study will be receiving half standard doses of vaccines, or a vaccine that is yet to be licensed (Novavax), it is possible that they may, in future, have restrictions on travel to countries that require proof of immunisation for adolescents. At present participants would not be disadvantaged compared to others of their age.

At present, vaccination status does not affect whether people under 18 years old need to quarantine on return to England or Wales from abroad (although it may affect quarantine requirements for adults).

International travel requirements could change at very short notice, and this is outside of the control of the research team.