

PARENT INFORMATION SHEET: COV006

Investigating a Vaccine Against COVID-19 in children and teenagers

“A phase 2 study to assess the safety and immunogenicity of a recombinant adenovirus-based vaccine against Coronavirus Disease (COVID-19) in children aged 6-17 years of age”

IMPORTANT: If you or your child develop a fever or cough, shortness of breath or become unwell then you must contact the study team on cov-six@sgul.ac.uk for advice before attending any visit. If you cannot get hold of the study team, please consult your GP or use 111.

Participation could really make a difference during a public health emergency.

We would like to invite your child to take part in our COVID-19 vaccine study. Before you make a decision, it is important you take the time to understand why we are doing this research and what it would involve. Please read the following information carefully and consider discussing it with friends and relatives.

Who is sponsoring, organising and funding the research?

The study is organised and sponsored by the University of Oxford. The study is funded through financial support to the University of Oxford from the National Institute for Health Research (NIHR), which is a UK government funded research agency, and AstraZeneca. Neither your child's 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 children and teenagers respond to one of the COVID-19 vaccines currently being used in adults in the UK.

In the first wave of the pandemic, over 600 children were admitted to hospital with COVID-19 disease in the UK. A small number are also more severely affected by Paediatric Inflammatory Multisystem Syndrome Temporally Associated with SARS-CoV-2 (PIMS-TS), associated with a fever and a generalised inflammatory response in the body. Some children have been critically ill and required intensive care.

The Oxford/AstraZeneca Covid-19 vaccine (also known as *ChAdOx1 nCoV-19*) has been approved for use in adults. We are doing more research because there is at present no vaccine which is approved for use in 6-17 year olds. Vaccines are approved to be used in different groups of people with approval from medical regulators which are independent, such as the Medicines and Healthcare Regulatory Agency.

This study will allow us to assess how well the immune systems of children and teenagers respond to immunisation with the Oxford/AstraZeneca Covid-19 vaccine (also known as *ChAdOx1 nCoV-19*). It will also add value to our research and understanding of COVID-19 as a disease as well as contributing to our data on the safe use of this vaccine in children.

Children from Black, Asian and Minority Ethnic groups (BAME) are welcomed to take part in this study.

Summary of the study

In total this study will enrol 261, 6-17 year olds across the UK.

- Participants will be allocated to two doses of either the *ChAdOx1 nCoV-19* or a licensed vaccine (MenB) that will be used as a 'control' for comparison
- Participants and their parents/guardians will not be told which vaccine course they are receiving
- 5 or 6 blood tests will be carried out over the course of a year from your child's arm to look at immune responses to the vaccine
- For all participants there will be an e-diary to complete for up to 28 days following vaccination
- Participants will be enrolled in the study for one year

What is the vaccine we are testing?

The vaccine we are testing in this research study is called *ChAdOx1 nCoV-19*. By vaccinating with ChAdOx1 nCoV-19, we are hoping to make the body recognise and develop an immune response that will help stop the SARS-CoV-2 virus from entering human cells.

Over 20,000 adults have now been recruited to clinical trials of ChAdOx1 nCoV-19 worldwide and widespread roll-out of the vaccine in adults in the UK has now begun.

The ChAdOx1 nCoV-19 vaccine was approved for emergency use in adults in the UK in December 2020. This approval was based on data from clinical trials enrolling over 20 000 adults, with early analysis showing the vaccine was 60 – 90% effective at preventing COVID-19. Importantly, these early results showed that no study participants receiving the ChAdOx1 nCoV-19 vaccine were admitted to hospital with severe COVID-19 disease. These studies also provided important information on the safety of the vaccine, and the expected side -effects; these are described in more detail later in this document. The vaccine is now being rolled out for routine use, and more information about its effectiveness and safety is being gathered all the time.

The ChAdOx1 nCoV-19 vaccine is being given as two doses in adults, between 1-3 months apart. Therefore, this study will enrol your child to 2 doses given either 1 month or 4 months apart.

We are interested in evaluating different intervals between vaccinations in the trial so that we can provide the data needed to inform policymakers on how to use the vaccine in children and teenagers.

What is the control (comparison) vaccine, MenB?

In this study we will be using a licensed 'MenB' vaccine against group B meningococcus (MenB), one of the most common causes of meningitis and sepsis in children and teenagers. This will be used as a comparator vaccine, to help us understand participants' response to ChAdOx1 nCoV-19. We will be using one of the two versions of MenB, Bexsero[®], a vaccine which has been routinely given to infants in the UK since 2015, and is licensed for use in the age groups we are studying here. There is no risk of catching Meningitis B as a result of having the vaccine.

Both ChAdOx1 nCoV-19 and MenB are given in two dose schedules, administered as injections into the muscle around the shoulder region. There is a minor risk of discomfort after administration of the MenB vaccine.

Does my child have to take part?

No. It is up to you and your child to decide whether or not to take part. Your decision will not result in any penalty, or changes to your standard medical care. If you do decide that your child will take part, you will be given this information sheet to keep (or be sent it electronically) and will be asked to sign a consent form on behalf of your child. We would also provide some written information for you to read through with your child. You are free to withdraw at any time and without giving a reason. Given that this is a new vaccine, we may request a follow-up appointment afterwards to gain further information.

Can my child take part?

In order to be involved in the study your child must:

- Be aged between 6 and 17 years (up to 17 years and 8 months).
- Be able and willing (in the Investigator's opinion) to comply with all study requirements, including the follow up visits (without relying on public transport to access the trial site).

You must:

- Allow the Investigators to discuss your child's medical history with your child's GP and access all medical records.
- Provide informed consent* on behalf of your child if they are under 16 years of age (if they are 16 or over, they will be able to provide their own written consent but we request that you are present at the first visit in the study if possible).

Study participants cannot participate in this study if any of the following apply:

- they are the child of an Oxford Vaccine Group staff member on the delegation log for this study
- have a history of laboratory confirmed COVID-19 or a blood test shows that they have had contact with the COVID-19 virus (e.g. they have antibodies)
- have a history of chronic respiratory diseases (resolved childhood asthma is allowed)
- have previously received a vaccine for Meningitis B
- have any vaccine in the 30 days before or after this study vaccine
- have previously had other vaccines that might impact on understanding the study results such as other coronavirus vaccines
- have received immunoglobulins or blood products in the 3 months before having the study vaccine
- history of autoimmune conditions
- have immunosuppression or immunodeficiency
- have a history of angioedema
- have a history of serious allergic reaction (anaphylaxis)
- have a current diagnosis or are having treatment for cancer
- have a bleeding disorder

- have a history of a congenital heart condition
- any other significant disease which might present increased risk to the participant
- are pregnant, or may become pregnant during the study period
- have previously been diagnosed with Kawasaki disease (see definition below)

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

What will happen if my child decides to take part?

Your child will be given 2 doses of either the COVID-19 or MenB vaccine. We will not be able to tell you which vaccines we have given your child until the end of the study, to ensure any reporting of side-effects of the vaccinations are not biased.

Your child will firstly be allocated to one of the following groups:

Group	No. of participants (N)	Age	Schedule
1*	75	12-17 years	ChAdOx1 nCoV-19 (N=60) OR MenB (N=15) with boost at 1 month
2*	75		ChAdOx1 nCoV-19 (N=60) OR MenB (N=15) with boost at 4 months
3	56	6-11 years	ChAdOx1 nCoV-19
4	55		OR MenB with boost at 4 months

*We will recruit teenagers first (groups 1 and 2) before children in groups 3 and 4, to make sure the vaccine is safe in teenagers first. For children aged 6-11 years, recruitment will happen in a smaller group (of 10 children) first, or a 'sentinel' group, to assess whether the vaccine is safe in this smaller group before proceeding with the rest of Group 3 and 4. We will inform you if your child is in this sentinel group.

The study visit plan for children is shown below.

a) If booster dose at 1 month

	Screening questionnaire (up to 90 days before vaccination)	Day 0	1 months	2 months	6 months	1 year
Medical History	X					
Urine pregnancy test (girls 11 and over)		X	X			
Vaccination		X	X			
Blood Tests		X	X	X	X	X
Diary		X	X	X		

b) If booster dose at 4 months

	Screening questionnaire (up to 90 days before vaccination)	Day 0	1 [^] month	3 months	4 months	D2-D7 post boost*	5 ^x months	1 ^x year
Medical History	X							
Urine pregnancy test (girls 11 and over)		X			X			
Vaccination		X			X			
Blood Tests		X	X	X	X	X	X	X
Diary		X			X		X	

*some participants aged 6-11 years old will be allocated to this blood test and if so, only attend one of the visits marked x, which the study team will confirm with you

^ only a subset of participants

If your child decides to take part in this trial there is a short online questionnaire (with two parts) to complete to check that they are able to take part. At the end of the online questionnaire you will be asked if you agree that a researcher can contact you by phone to ask questions about your child's current health and discuss details of your child's medical history.

Should your child be eligible, they will be invited to a face-to-face visit where you will be asked to sign the consent form in person and your child will receive the vaccination on the same day. COVID-19 safety precautions will be taken throughout this trial to maintain infection control. If your child is not eligible, their information will not be stored beyond the end of the trial.

Online questionnaire

We will ask you to complete an online questionnaire to establish whether your child is eligible for the study, which will include questions about their medical history. In some cases we may require clarification from your General Practitioner before proceeding and we will ask for your electronic consent to contact them if needed. There will be two parts to the questionnaire, one with general questions and a second part which will ask for your permission to contact your GP.

Consent and Vaccination Visit – up to 1.5hrs (*Signing of consent form, temperature measured, blood test, vaccination and up to 30-60 minutes observation after the vaccination*)

At the first visit, full written informed consent will be obtained. You will be given at least 24 hours to read and consider the information in the Participant Information Sheet (this document) before attending for the consent and vaccination visit. You will be able to ask any questions of a member of the research team before you as the parent/legal guardian sign a consent form on behalf of your child, if you and your child decide to take part. For children aged 11-15 years, there will be an assent form on which the child can 'sign' to indicate their agreement to take part. We do not require this of younger children as the concept of signing an agreement may not be understood by them.

If your child turns 16 during the course of this study, they will be required to sign a consent form at this point, as they are considered able to consent at the age of 16.

We will ask you a few questions to check there have been no new problems for your child since filling in the screening questionnaire. We will check your child's temperature and we will take blood samples. We would use an anaesthetic cream to numb the skin for the blood test.

A blood sample will be taken to check if your child has had contact with the COVID-19 virus prior to vaccination but the result will not stop your child from entering the study. Because of the nature of the pandemic, we expect approximately 10% of children to have had previous contact with COVID-19 and it will be important to include these children in our results as well. It is important to note that this is a research test that has not been validated for diagnostic purposes, so results cannot be used to provide

confirmation of previous infection nor of protection from future infection. Results will not be provided to participants for this reason.

The vaccine has not yet been tested in pregnant women. Therefore, it is important that anyone who could be pregnant does not take part in our study. Although your child may not be sexually active, for safety if your daughter is aged 11 or over she will automatically be required to take a urine pregnancy test. We ask that all sexually active female participants use an effective form of contraception for the duration of the study.

Your child will be randomly allocated to receive two doses of ChAdOx1 nCoV-19 or MenB, and neither they nor you will know which one they have had. This will be given as an injection at the top of the child's arm and we will cover the vaccine site with a dressing. We will need to keep an eye on your child to make sure they are OK for up to 60 minutes (+/- 30 minutes) after the vaccine. Overall the visit will take approximately two hours.

We may ask to photograph the vaccination site. Your child will not be identifiable in these photographs, as only the vaccination site and the unique trial number will be visible. These photographs may be shown to other professional staff, used for educational purposes, or included in a scientific publication.

Electronic Symptom Diary "E-diary" – Completed at home by participant or parent

We will give you a thermometer, tape measure (to measure the size of any reaction at the site of injection) and an E-diary account to record all your child's symptoms and temperature every day for 7 days after vaccination. Paper copies of the e-diary can also be provided if necessary. After these 7 days we will ask you to record if your child is unwell or takes any medications over the next 3 weeks. The research staff will monitor the E-Diary and may phone you to ask for more information. You will also be asked to record in the diary any serious medical illnesses or hospital visits your child may have over the course of the study.

In keeping with Public Health England guidance on vaccine associated fever during the pandemic, participants experiencing fever within the first 48 hours of vaccination, with no other primary symptom of COVID-19 (cough, loss of sense of taste or smell), will not be required to self-isolate unless there is otherwise clinical suspicion of COVID-19.

Follow up visits and booster vaccinations – 4-5 follow-up appointments of 30 minutes (blood tests and check for side effects or new health problems) including booster vaccination visit

At the second visit, your child will undergo a second blood test. A physical examination will be done if necessary. A booster vaccination will be given at the 2nd, 3rd or 4th visit. A second urinary pregnancy test (for girls aged 11 and over only) will be required at the booster visit.

There are then up to 4 further follow-up visits over the next 9 months (lasting approx. 30 minutes) to ensure everything is fine and to check your child's health. Blood tests will be performed as outlined in the table above. There may be one additional blood test for a subset of participants aged 6-11 years. Blood samples may be processed by NHS laboratories. We will let you know if and when you need to have this additional blood test. You will have to let the study team know that you have had blood tests taken so that they can look up the results for your child. Any abnormal results will be shared with you and your child's GP, with your permission. Where possible, visits will take place out of school hours (both for vaccinations and follow-up visits). Social distancing will need to be maintained for all visits.

Note: due to the high number of planned volunteers in this study, visits may take longer than the estimates given here.

What should my child avoid during the trial?

Your child should not take part in other studies that involve the administration of drugs or vaccines, including trials testing other interventions for COVID-19. If during the trial your child is required to receive any vaccinations you should inform the research team beforehand and we will discuss with you the most appropriate time to receive them. If your child becomes eligible for a COVID-19 vaccine during the trial, we will let you know which vaccine they have received (i.e. 'unblind' them).

Are there any risks from taking part in the trial?

The risks and side effects of the proposed vaccinations and trial procedures are detailed here:

1. Blood samples

Drawing blood may cause slight pain, although we will use anaesthetic cream to numb the skin and a second person to distract your child. Occasionally there can be bruising at the site where the needle enters. Older children in particular may feel light-headed or even faint. Taking blood from children can sometimes be difficult and we may ask you for a second attempt if needed. Depending on your child's age each blood sample would be a maximum volume of 10 to 15 ml (approximately 3 to 4 teaspoons).

The blood tests we perform will include antibody testing against COVID-19 and looking at other immune responses to the vaccines. Up to two of their blood tests will be routine safety blood tests for us to monitor the safety of the vaccine. We will not inform you of the results of your child's levels of immunity against the COVID-19 virus. These routine safety blood tests are being done to provide information about changes in platelet counts and other blood parameters but side effects can still develop if blood tests are normal. They are not being undertaken to provide reassurance about risk of side effects emerging

2. Vaccination Side Effects: ChAdOx1 nCoV-19 and MenB

It is likely that your child will experience some symptoms at the vaccination site as well as general symptoms due to vaccination. Like all medicines, this vaccine can cause side effects, although not everybody gets them. In clinical studies with the vaccine, most side effects were mild to moderate in nature and resolved within a few days with some still present a week after vaccination. If side-effects such as pain and/or fever are troublesome, medicines containing paracetamol can be taken.

Side effects that occurred during clinical trials in adults were as follows:

Very Common (may affect more than 1 in 10 people)

- tenderness, pain, warmth, redness, itching, swelling or bruising where the injection is given
- generally feeling unwell
- feeling tired (fatigue)
- chills or feeling feverish
- headache
- feeling sick (nausea)
- joint pain or muscle ache

Common (may affect up to 1 in 10 people)

- a lump at the injection site

- fever
- being sick (vomiting)
- flu-like symptoms, such as high temperature, sore throat, runny nose, cough and chills

Uncommon (may affect up to 1 in 100 people)

- feeling dizzy
- decreased appetite
- abdominal pain
- enlarged lymph nodes
- excessive sweating, itchy skin or rash

In clinical trials there were very rare reports of events associated with inflammation of the nervous system, which may cause numbness, pins and needles, and/or loss of feeling. However, it is not confirmed whether these events were due to the vaccine.

This study will be collecting data on side-effects in children and teenagers.

There have been recent reports of increased Kawasaki-like disease in a very small number (<100 in the first wave of the pandemic) of children during the COVID-19 pandemic. Kawasaki disease is an illness that causes inflammation in the blood vessels in the body. A fever that lasts for 5 days or more is the first sign. It is not known if the immune response to the vaccine could also be a trigger or if this event will be more likely to occur in those who have been exposed to the virus after receiving the vaccine. The e-diaries will help us monitor for this risk.

Updated MHRA and JCVI guidance

With any new medicine or vaccine, there is always a possibility of an unexpected side effect. Following reports of blood clots with lowered platelets a review has been undertaken by the MHRA (Medicines and Healthcare products Regulatory Agency) and the EMA (European Medicines Agency). The reports were into a very rare type of blood clot in the brain, known as cerebral venous sinus thrombosis (CVST), and in some other organs together with low levels of platelets (thrombocytopenia) that might be associated with vaccination with ChAdOx1 nCoV-19. Up to and including 31 March 2021 there have been 79 UK reports of these blood clots and unfortunately 19 people died. By 31 March 2021, 20.2 million doses of the ChAdOx1 nCoV-19 vaccine had been given in the UK. This means the overall risk of these blood clots is extremely rare, approximately 4 people in a million who receive the vaccine. More recently it has been shown that the overall incidence after second doses was 1.3 per million doses, with no reported cases in under 50 year olds.

More investigations are needed, but as a precaution the JCVI (Joint Committee on Vaccination and Immunisation), that advises the UK government on vaccination policy, have recommended that those under 30 years old who have not yet had a first dose of the ChAdOx1 nCoV-19 vaccine, have an alternative COVID-19 vaccine. This decision was made by looking at the risk of clots following vaccination versus the benefits of receiving protection from COVID-19 disease. Severe COVID-19 disease is much less common in young adults.

The JCVI recommended that second doses of the ChAdOx1 nCoV-19 vaccine should continue, as there were no reports of clots associated with the second dose.

Additional side effects to be alert for in the 28 days following vaccination are;

- Sudden severe or persistent headache that does not improve with usual pain killers or is getting worse
- An unusual headache which seems worse when lying down or bending over, or may be accompanied by blurred vision, nausea and vomiting, difficulty with speech, weakness, drowsiness or seizures
- New and unexplained pinprick bruising or bleeding
- Shortness of breath, chest pain, leg swelling or persistent abdominal pain

If your child experiences any of these symptoms, you should seek medical attention immediately. You will be provided with a 24 hour mobile number to contact a study doctor should you have any concerns.

Links to the updated MHRA and JCVI guidance can be found here:

<https://www.gov.uk/government/news/statement-on-astrazeneca-covid-19-vaccine-following-mhra-update>

<https://www.gov.uk/government/news/new-jcvi-advice-on-use-of-the-astrazeneca-covid-19-vaccine>

What are the advantages of taking part?

Interim data from adult studies suggest that ChAdOx1 nCoV-19 has 60-90% efficacy against COVID-19 disease. The information gained from this study will support the licensing of this vaccine in children and teenagers, if it is shown to be effective in these age groups as well. Participants who receive MenB will reduce their risk of meningitis and sepsis caused by group B meningococcus.

At the end of the study, if your child received the MenB vaccine, they will be offered two doses of ChAdOx1 nCoV-19 if it has been licensed for use in their age group. We cannot guarantee this is the case. If your child received two doses of ChAdOx1 nCoV-19, they will be offered two doses of the MenB vaccine.

We understand that some participants will become eligible for vaccination in the national vaccine rollout, and need to find out which vaccine they have had. If they have received ChAdOx1 nCoV-19, they will be offered the opportunity, in the trial, to complete their course of ChAdOx1 vaccination, if they have not already received their second dose. All unblinded participants will be allowed to stay on in the trial for follow up visits, both for safety and immunogenicity data.

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

If your child is unwell then contact the NHS 111 service or phone 999 if they are severely unwell.

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 [insert phone number]

If your child is admitted to hospital during the study then you should inform the medical or nursing staff that you are taking part in this trial. We will provide a contact card for you to give to these staff which will have a link to a website for them to fill in details about your admission.

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.

Participants who develop COVID-19 symptoms and have a positive PCR test after the first vaccination can only receive a booster dose after a minimum 4 weeks interval from their first PCR positive test, provided their symptoms have significantly improved. The decision to proceed with booster vaccinations in those cases will be at clinical discretion of the investigators. For participants who are asymptomatic and have a positive PCR test, a minimum of 2 weeks from first PCR positivity will be required before boosting.

Will we be compensated for our travel?

We will offer you financial compensation of £10 per visit to cover travel costs incurred whilst participating in this study.

What if new information becomes available?

Sometimes during the course of a trial, new information relevant to the trial becomes available. If this happens, we will tell you about it and discuss whether you want to, or should, continue in the study. If you decide your child will 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 them from the study. Your child's participation in this study may also be stopped at any time by the study doctor or the Sponsor if it is in their best interest.

What will happen if I or my child doesn't want to carry on with the trial?

If, at any time after agreeing to participate, you or your child change your minds about being involved with this study you 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 decision will not result in any penalty. Unless you state otherwise, any blood taken whilst your child has been in the study will continue to be stored and used for research as detailed above. You are free to request that the blood samples are destroyed at any time during or after the study. If you choose to withdraw from the trial, your 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 child's safety and well-being. The University of Oxford, as the research Sponsor, has insurance in place in the unlikely event that your child should suffer 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 you are properly represented in pursuing any complaint. The study doctor can advise you of further action and refer you to a doctor within the NHS for treatment, if necessary. NHS indemnity operates in respect of the clinical treatment which may be

provided if you needed to be admitted to hospital. <https://resolution.nhs.uk/wp-content/uploads/2018/10/NHS-Indemnity.pdf>

Complaints statement

If you wish to complain about any aspect of the way in which you 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 by sending us an email to cov-six@sgul.ac.uk. Alternatively you may contact the University of Oxford Clinical Trials and Research Governance (CTRG) office on 01865 616480 or the head of CTRG, email ctrg@admin.ox.ac.uk

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

All information that is collected about your child during the course of the research will be coded with a study number and kept confidential. The information is available to the trial team, authorised collaborators, ethical review committees, St Georges Hospital, 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 Georges Hospital or at the Centre for Clinical Vaccinology and Tropical Medicine (CCVTM), University of Oxford. Trial results will be published in a scientific journal but nothing that could identify your child will be included in any report or publication.

What will happen to my data?

UK data protection regulation requires that we state the legal basis for processing information about you. 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, is the data controller and is responsible for looking after your child's information and using it properly.

We will be using information from you and 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. The need to store this information for longer in relation to licensing of the vaccine 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. Samples will be provided for future research only in a form that does not identify you. We will also store your consent form. We store research data securely at the University of Oxford indefinitely following removal of identifiable information. If you agree to your child's details being held to 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 but will keep the consent form and your details separate.

The study team will use your name and contact details to contact you about the research study, and to make sure that relevant information about the study is recorded for your child's care, in relation to your child's 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 trials), your child's

personal details will not be used to contact you other than exceptional circumstances concerning your safety. If you consent to take part in another study carried out by St Georges 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>

Safety data will be provided to AstraZeneca, in an anonymised format.

Involvement of the General Practitioner (GP)/Family doctor (GP)

In order to enrol into this study, you will be required to give permission 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 child's GP to let them know about your child's enrolment and study completion status, so they can update your child's medical records accordingly.

What will happen to any samples I give?

If you consent, some of your child's leftover blood samples can be stored and used for future infectious disease or vaccine related research. All samples and any information about your child will be de-identified and assigned a study code. This is optional, your child's participation in this study will not be affected by your decision whether to allow storage and future use of leftover samples. Upon request at any time, your child's remaining blood samples will be destroyed.

Study blood tests to look at the response of your child's body to the vaccine will be done both at the University of Oxford and with collaborating laboratories in the UK and in other countries. 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 to look at the patterns of genes that regulate their own individual immune response (these are called Human Leukocyte Antigen genes). Doing 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, but no genetic tests concerning diseases or conditions other than COVID-19 and other vaccine related responses. Any samples and information recorded will be de-identified, so that we cannot directly identify your child. However, DNA is unique, and as such, will never be completely anonymous.

What will happen to the results of the research study?

The results of this research study may be presented at scientific meetings or conferences and published in a scientific medical journal. 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. Your child 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 in the future 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 a MD or PhD.

Taking part in future vaccine-related research

With your consent, we would like to keep your child's contact details after their participation in this study is complete, so we may inform you of other trials. This is entirely optional and your child's participation in this study will not be affected by your decision to allow or not allow storage of your contact details beyond your participation in this trial. Your child's details will be stored electronically on a secure server and only authorised individuals at St Georges Hospital will have access to it.

We will not, under any circumstances, share your child's contact details with any third-party institutions without your permission. Being contacted does not oblige you to agree to take part in future research and you can ask us to have your child's contact details removed from our database at any time.

Who has reviewed the study?

This study has been reviewed by the NHS Research Ethics Service (RES) – Berkshire Research Ethics Committee and has been given a favourable ethical opinion. 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 to use this 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 trial or **if you are interested in taking part in the study, please contact us:**

Email: cov-six@sgul.ac.uk