COVID-19 VACCINATION IN PEOPLE (12+ YEARS) WITH DOWN SYNDROME: THE TRISOMY 21 RESEARCH SOCIETY SURVEY

In line with data from the general population, our survey of 1708 vaccinated individuals with Down syndrome shows that the COVID-19 vaccine is safe and effective for individuals with Down syndrome:

- Most people had either no or very mild reactions after vaccination.
- Less than 1% of the vaccinated individuals with Down syndrome contracted COVID-19 after vaccination.
- All individuals with Down syndrome who had COVID-19 after vaccination fully recovered.

1895 participants
age 12+ years
- 1708 (90.1%) have had at least 1 dose
- 1482 (86.7%) have had a second dose
- 36 (20%) because vaccine not available yet
- 15 (9%) for medical reasons
- 129 (70%) for other reasons

0.8% of vaccinated people contracted COVID-19 infections after vaccination

Results stratified by age

Age 12 – 17 (n=329)  
Age 18 + (n=1379)

Reactions similar to those reported by people without Down syndrome

Very few reactions required clinical care

0.8% of vaccinated people contracted COVID-19 infections after vaccination

Limitations

- Participants were from different countries with different health care systems and resources; thus conclusions may not extend to each setting.
- The majority of participants were adults (81%).
- The average time between 2nd dose and participation in the survey was 112 days and therefore does not address long-term protection.

Acknowledgments

The Trisomy 21 Research Society (T21RS) COVID-19 Taskforce developed the survey, with the financial and dissemination support of Down Syndrome Affiliates in Action (DSAIA), Down Syndrome Medical Interest Group-USA (DSMIG-USA), GiGi’s Playhouse, Jerome Lejeune Foundation, LuMind IDSC Foundation, The Matthew Foundation, National Down Syndrome Society (NDSS), and the National Task Force on Intellectual Disabilities and Dementia (NTFID). Those and other international Down syndrome organizations are members of the T21RS COVID-19 stakeholders advisory group that provided advice to inform the design of the survey questions and interpretation of results, including the Global Down Syndrome Foundation (GDSF), USA, DSMIG (UK), DSA (UK), DSMIG (UK), DSMIG (USA), COPD-UK, DSMIG-USA International, Pneumonía 3 Fase, Oserrano España, National Down Syndrome Congress (NDSC), Down Madrid, Fundación Catalana Síndrome de Down (Spain), EDSAD, Royal College of Psychiatrists, Doctorenital (Italy), Associazione Italiana Persone Down (APD; Italy), ARF (France), Fundación Biomaternidad (Spain), PADDOWN (Latin America), Fundação Brasileira dos Associaciones de Síndrome de Down (Brazil) and the European Down Syndrome Association. We acknowledge the contribution of DS-Canko* (The Down Syndrome Registry which is supported by the Zannetti Kennedy Miller National Institute of Child Health and Human Development (NICHD), NIH for the dissemination of the T21RS survey. We also wish to thank the many families and clinicians who contributed to the survey.