

## **Open Letter from the UK Medical Freedom Alliance to:**

**Professor Andrew Pollard** - Chairman, JCVI, lead investigator Oxford Vaccines Trial

**Dr June Raine** - Chief Executive, MHRA

**Anne Longfield** - Children's Commissioner

**Professor Russell Viner** - President, Royal College of Paediatrics and Child Health

**Professor David Archard** - Chairman, Nuffield Council on Bioethics

**Sir Nicolas Bratza** - Chairman, British Institute of Human Rights

**Nadhim Zahawi** - Minister for Covid-19 Vaccine Deployment

**Professor John Edmunds** – SAGE member

## **Re: Safety and Ethical Concerns of using Covid-19 Vaccines in Healthy Children**

The UK Medical Freedom Alliance are an alliance of medical professionals, scientists and lawyers who are campaigning for Informed Consent, Medical Freedom and Bodily Autonomy to be protected and preserved. We wish to notify you of our grave concerns regarding all proposals to administer Covid-19 vaccines to healthy children. We were deeply disturbed to hear Prof Edmunds calling in the media for the Covid-19 vaccine rollout to be “turning to children as fast as we can”<sup>i</sup>. This sort of rhetoric is irresponsible and unethical, as it incites the public to demand the vaccination of minors with an experimental product about which no medium- or long-term effects are known, and against a disease which presents no material risk to them. We set out our reasoning and evidence below.

### **Risk of Covid-19 to Healthy Children**

**Healthy children are at almost no risk from Covid-19**, with the recovery rate in this age group calculated at 99.997%<sup>ii,iii</sup>. No previously healthy child under the age of 15 has died during the pandemic in the UK. It has been reported that up to 50% of children with a positive PCR test remain “asymptomatic”, and admissions to hospital or intensive care are exceedingly rare<sup>iv,v</sup>. Children have also been shown to be less likely to transmit the infection<sup>vi,vii,viii</sup>. Indeed, the risk from Covid-19 is so low that a human challenge trial, to deliberately infect a cohort of young people with SARS-CoV-2, has recently been approved.<sup>ix</sup>

### **Vaccine-induced v Naturally Acquired Immunity**

The argument that vaccinating children will accelerate herd immunity lacks any scientific basis. Herd immunity was developed as an epidemiological and not an immunological concept, relating to immunity that is acquired naturally. There are currently **no data to show that the current Covid-19 vaccines prevent infection with, or transmission of, the virus**. Hence vaccination only benefits the

recipient. It is also not known how long vaccine-induced immunity will last, but it is widely expected to require booster doses at least once a year. Hence, focussing on vaccine-induced antibodies as the sole or even main mode of developing herd immunity appears to disregard immunological science<sup>x,xii</sup>.

We argue **that for children, vaccine-induced antibody-dependent immunity to SARS-CoV-2 is inferior to natural immunity**, as it does not cover the full spectrum of protective immunity (mucosal immunity, IgA, and T-cell immunity to the whole virus) and may be only short-lived. Naturally acquired immunity, which is completely safe for children to obtain, is expected by scientists to be long-lasting<sup>xiii</sup> as it has been from SARS-CoV-1, where those infected have been found to retain memory T-cell immunity 17 years post-infection<sup>xiv</sup>. Natural immunity is therefore likely to be a better strategy for children, avoiding the need for multiple, recurrent vaccine booster doses over a lifetime.

For the wider population and public health, it may be detrimental to roll out the vaccines to groups who are not at risk from SARS-CoV-2, and **preferable to allow significant population immunity to develop naturally, by leaving negligible risk groups, such as children, unvaccinated**. There is compelling research suggesting that imperfect, non-sterilising, vaccines can promote the evolution of pathogen virulence of mutations, which would prolong the pandemic<sup>xv</sup>. This concern has recently been raised relating to Covid-19 vaccines<sup>xvi</sup>.

## **Potential Risks to Children from Experimental Covid-19 Vaccines**

### **Experimental Vaccines with Novel technologies**

All Phase 3 Covid-19 vaccine trials are ongoing and not due to conclude until late 2022/early 2023. **The vaccines are, therefore, currently experimental with only limited short-term and no long-term safety data available**. In addition, many are using a completely new mRNA vaccine technology, which has never previously been approved for use in humans<sup>xvii</sup>. Some are using a different technology – viral vector DNA vaccines – that has only had limited use before in Ebola vaccines.

None of the current Covid-19 vaccine trials included children, so there is **no safety data for use of Covid-19 vaccines in those under 16 years**<sup>xviii</sup>. We understand that a small trial of 300 children has just started with the Astra Zeneca vaccine<sup>xix</sup>, which will be underpowered for obtaining safety data. Based on the lack of expected benefits for healthy children, we argue that **recruiting children to Covid-19 vaccine trials is unethical at this stage**, whilst Phase 3 adult trials are ongoing, and the vaccines are not fully licensed but only have Emergency Use Authorisation. Current Government advice is that children with serious neuro-disability in respite care may be offered vaccination, with parents/carers informed of “the paucity of safety data for the vaccine in children”<sup>xx</sup>

### **Potential Long-term Harms**

The most critical data to obtain, before giving Covid-19 vaccines to healthy children, is long-term safety data, which has ruled out potential late-onset effects that can take months or years to become apparent. Children have a lifetime ahead of them, and their immunological and neurological systems are still in development, making them **potentially more vulnerable to adverse effects than adults**. Numerous concerns have been raised already, regarding **potential risks of the new mRNA vaccines inducing autoimmune disease<sup>xxi</sup>, allergies and affecting fertility<sup>xxii</sup>**. **Carcinogenesis also needs to be ruled out**.

The UK Government have already **granted immunity from liability for harms to all Covid-19 vaccine manufacturers** which they demanded. An Astra Zeneca spokesperson said that “this is a unique situation where we as a company simply cannot take the risk if in ... four years the vaccine is showing side effects”<sup>xxiii</sup>. If this risk is significant enough for the manufacturers to anticipate economic loss, **children should not be expected to take the same risk**, jeopardising their long-term health.

### **Reports of Serious Adverse Reactions and Deaths**

Short-term adverse effects were described in the trials, and even in the brief period since the start of the Covid-19 vaccine rollout in December 2020, **thousands of vaccine-related adverse reactions and deaths have been reported to Government databases** in the US (VAERS<sup>xxiv,xxv</sup>), Europe (Eudravigilance<sup>xxvi</sup>), the UK (MHRA<sup>xxvii</sup>) and the WHO<sup>xxviii</sup>.

### **Legal and Ethical Considerations re Experimental Trials on Humans**

**Nuremberg Code** - This judgment established a new standard of ethical medical behaviour for the post World War II human rights era and **aimed to prevent the atrocities of involuntary human experimentation from ever occurring again**. It enunciates the requirement of voluntary informed consent of **all** human subjects, to protect the right of the individual to control his or her own body<sup>xxix</sup>. This 1997 article from the NEJM outlines the history behind, and the importance of the Nuremberg Code<sup>xxx</sup>.

**Universal Declaration on Bioethics and Human Rights (2005)** – This landmark international declaration states that, “**Scientific research should only be carried out with the prior, free, express and informed consent of the person concerned**”<sup>xxxi</sup> Article 7, referring to people without the capacity to consent, states, “authorization for research and medical practice should be obtained in accordance with the best interest of the person concerned” and that “research should only be carried out for his or her direct health benefit”.

### **Conclusion**

There is important wisdom in **the Hippocratic Oath which states, “First do no harm”**. All medical interventions carry a risk of harm, so we have a duty to act with **caution and proportionality**. The current, available evidence clearly shows that **the risk v benefit calculation does NOT support administering experimental Covid-19 vaccines to healthy children**, who have no risk from Covid-19, yet face known and unknown risks from the vaccines. We conclude that it would **be irresponsible and unethical, as well as unnecessary, to include any children under 18 years in either the national Covid-19 vaccine rollout or in any clinical trials**. The end of the current Phase 3 trials on adults should be awaited as well as several years of safety data in adults, to rule out any potential adverse effects on autoimmune diseases, fertility, genetics (offspring) or cancers. **We urge you to apply the precautionary principle**.



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- <sup>i</sup> <https://www.dailymail.co.uk/news/article-9285157/Sage-member-calls-children-Covid-jab-fast-avoid-risk-resurgence.html>
- <sup>ii</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html>
- <sup>iii</sup> <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/symptoms.html>
- <sup>iv</sup> <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>
- <sup>v</sup> <https://pubmed.ncbi.nlm.nih.gov/33474580/>
- <sup>vi</sup> <https://pediatrics.aappublications.org/content/pediatrics/early/2021/01/06/peds.2020-048090.full.pdf>
- <sup>vii</sup> <https://publichealthscotland.scot/our-areas-of-work/covid-19/covid-19-data-and-intelligence/enhanced-surveillance-of-covid-19-in-education-settings/overview-of-enhanced-surveillance-of-covid-19-in-education-settings/>
- <sup>viii</sup> <https://onlinelibrary.wiley.com/doi/full/10.1111/jpc.14937>
- <sup>ix</sup> <https://www.gov.uk/government/news/worlds-first-coronavirus-human-challenge-study-receives-ethics-approval-in-the-uk>
- <sup>x</sup> <https://childrenshealthdefense.org/defender/herd-immunity-myth-covid-vaccines-kids-deceptive-dangerous/>
- <sup>xi</sup> <https://pubmed.ncbi.nlm.nih.gov/32908300/>
- <sup>xii</sup> <https://www.bmj.com/content/370/bmj.m3563>
- <sup>xiii</sup> <https://www.nature.com/articles/s41586-021-03207-w>
- <sup>xiv</sup> <https://pubmed.ncbi.nlm.nih.gov/32668444/>
- <sup>xv</sup> <https://www.nature.com/articles/414751a>
- <sup>xvi</sup> <https://www.wbur.org/npr/965940914/covid-19-vaccines-could-add-fuel-to-evolution-of-more-coronavirus-mutations>
- <sup>xvii</sup> <https://www.immunology.org/coronavirus/connect-coronavirus-public-engagement-resources/types-vaccines-for-covid-19>
- <sup>xviii</sup> <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020>
- <sup>xix</sup> <https://www.outsourcing-pharma.com/Article/2021/02/15/AstraZeneca-Oxford-to-trial-COVID-19-vaccine-in-children>
- <sup>xx</sup> <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020>
- <sup>xxi</sup> <https://childrenshealthdefense.org/defender/pfizer-moderna-vaccines-life-threatening-blood-disorder/>
- <sup>xxii</sup> <https://2020news.de/en/dr-wodarg-and-dr-yeaton-request-a-stop-of-all-corona-vaccination-studies-and-call-for-co-signing-the-petition/>
- <sup>xxiii</sup> <https://www.reuters.com/article/us-astrazeneca-results-vaccine-liability-idUSKCN24V2EN>
- <sup>xxiv</sup> <https://medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=AGE&EVENTS=ON&VAX=COVID19&DIED=Yes>
- <sup>xxv</sup> <https://childrenshealthdefense.org/defender/deaths-injuries-following-covid-vaccine-cdc/>
- <sup>xxvi</sup> <https://reseauinternational.net/la-base-de-donnees-europeenne-des-rapports-deffets-indesirables-indique-que-le-vaccin-pfizer-pourrait-avoir-cause-438-deces-a-ce-jour-en-europe/>
- <sup>xxvii</sup> <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions>
- <sup>xxviii</sup> <http://www.vigiaccess.org/>
- <sup>xxix</sup> [https://media.tghn.org/medialibrary/2011/04/BMJ\\_No\\_7070\\_Volume\\_313\\_The\\_Nuremberg\\_Code.pdf](https://media.tghn.org/medialibrary/2011/04/BMJ_No_7070_Volume_313_The_Nuremberg_Code.pdf)
- <sup>xxx</sup> <https://www.nejm.org/doi/full/10.1056/NEJM199711133372006>
- <sup>xxxi</sup> [http://portal.unesco.org/en/ev.php-URL\\_ID=31058&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html)