It's Safer To Wait...

Safer to Wait
Protecting Children's Health

"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."

(Ruud Dobber, AstraZeneca senior executive, discussing why pharmaceutical companies have been granted zero liability – source: Reuters, 30 July 2020)

Dear Parent / Carer,

You may be aware that the Government is planning to roll out the COVID-19 vaccines to our children soon. This is already happening with over-16s in Manchester, despite safety and efficacy trials being incomplete.

There has been a lot of coverage of this in the media, and your child's school or local health authority may already have given you some information.

As parents, we have a very big decision to make, with and on behalf of our children. There are many things to consider.

As we know, the standard childhood vaccines are safe and effective. However, the current UK COVID-19 vaccines use brand new, gene-based, technology and ingredients that have not been used in traditional vaccines. In addition, the clinical trials to confirm short, medium and long-term safety are not yet complete.

Until the end of these safety trials (2023), the COVID-19 vaccines remain unlicensed and experimental.

The risk to children from natural infection with the virus is almost zero, and over 99.99% of children who catch the virus will make a full recovery. While it may make sense for those few children at serious risk from COVID-19 to be vaccinated this year, the risks from the vaccines far outweigh any potential benefits for the vast majority of children.

This leaflet aims to help you weigh up the risks and benefits for your child, by sharing some information about the vaccines. Please take a few minutes to read and consider the points overleaf.

From a group of concerned parents, teachers, doctors, and lawyers.

Did You Know...

Safer to Wait
Protecting Children's Health

- **Children have an extremely low risk of serious illness or death from COVID-19**

Even long-term effects, such as Long Covid or PIMs (a temporary condition, from which all children identified are recovering), are extremely rare in children. The vaccines have not been studied to establish whether they reduce the risk of PIMS or Long Covid, so there is no data to support that as a reason to vaccinate.

- **The COVID-19 vaccines use new, gene-based technologies (mRNA) and ingredients (lipid nanoparticles)**

They are materially different from the vaccines we all know and trust. They are only authorised for temporary, emergency use in the UK (as reported by the BBC on 7th Jan 2021) and are not fully licensed. Clinical trials to establish medium and long-term safety and efficacy are ongoing until 2023. The initial data published has not proven that they prevent infection with, or transmission of, the virus, although they may help to reduce symptoms. Therefore, they will not prevent others from becoming infected. As children's symptoms are already very mild or non-existent, any benefit to them would be negligible.

- **Most children have strong, innate immune systems**

Their immune systems can easily overcome the virus and have been shown to produce a more robust, comprehensive and lasting immunity than vaccination, which is expected to require booster shots every 6-12 months to maintain immunity. Also, there is good evidence to suggest that we may be at, or very close to, herd immunity.

- **Children are not key drivers of transmission**

They both catch and transmit the virus less than adults. Most at-risk adults are already vaccinated. Therefore, there is currently no justification for vaccinating children. Indeed, children may have a protective effect on adults around them as studies have shown those over 65 living with children are less likely to be hospitalised from COVID-19 than those who are not.

- **Little is known about the vaccines' short and long-term side effects**

Some of the side-effects now being widely reported by adults were not seen in the initial safety trials, including serious and life-changing conditions such as clots, bleeding disorders and neurological conditions such as Guillain-Barre syndrome and Transverse Myelitis. Adverse reactions to the vaccines are being reported to Government monitoring schemes (such as UK Yellow Card and US VAERS) at a much higher rate than is usual with vaccines. Due to the short time that these vaccines have been in use there is NO long-term safety data, so possible late-onset effects relating to fertility, autoimmunity, cancer, and enhanced immunity causing worse disease, have not yet been ruled out.

When the chances of harm to children from COVID-19 are so incredibly low, are any risks worth taking with the vaccine?

It is safer to wait at least a year or two, to allow trials to collect three years of safety data (the average length of vaccine trials is 8-10 years). Then we'll see more data from adults receiving the vaccines, which will help us better judge their safety and necessity for use in children. At this stage, when the vast majority of children have no risk from COVID-19, is it ethical to inject them with experimental products that have no long-term safety data?

We have found the following websites to be reliable sources of evidence-based information if you would like to research for yourself:

Hartgroup.org Pandata.org LawyersForLiberty.uk UKMedFreedom.org

We will shortly be launching SaferToWait.com with helpful references and links to substantiate all of the above statements, plus much more information, should you wish to get into the detail.