Dear Sir / Madam,

Re: COVID-19 vaccination

We are a campaigning group of concerned individuals, including parents, educators, scientists, health and legal professionals, who harbour grave concerns about the ramifications of both the recent approval of the COVID-19 vaccines for 12-15 year olds and the proposed  vaccination programme in schools, which, according to media reports, will commence before schools re-open in September 2021

We find this news deeply troubling, given that there are a number of serious safety concerns and unanswered questions surrounding these vaccines, which have no long-term data to support their safety. The clinical trials which lead to the emergency approval for the Pfizer vaccine only involved 1,131 12-15 year olds over a two month period. That study is hugely underpowered in light of the number of 12-15 year olds in the population. Furthermore, a two-month period for the study is nowhere near sufficient to monitor short term data, let alone any long term health risks.

The UK Medical Freedom Alliance (UKMFA) has written two open letters to the Joint Committee for Vaccination and Immunisation (JCVI), amongst others, the first on 25 February 2021 [[1]](https://miriaf.co.uk/letter-to-uk-schools-re-covid-19-vaccinations/%22%20%5Cl%20%22_ftn1) setting out a number of safety and ethical concerns about vaccinating healthy children and the most recent on 7 June 2021 specifically in relation to the emergency approval [[2]](https://miriaf.co.uk/letter-to-uk-schools-re-covid-19-vaccinations/%22%20%5Cl%20%22_ftn2). We would ask that you read this letter as we echo the concerns of UKMFA.

Before your school proceeds with administering these vaccines, which are still in clinical trials, to students, we feel it is our duty as responsible citizens to make you aware of a number of key facts, which government advisors may not have brought to your attention.

IMMUNITY FROM CLAIMS

The Government has granted vaccine manufacturers an indemnity against any claims for civil liability for any loss or damage that a person (including a child) may suffer. This indemnity applies no matter how serious or life changing this damage may be, from the use of their products (3b). The UK Government has placed the COVID-19 vaccination onto a compensation programme named “Vaccine Damage Payment” which has a limit of £120,000 per claim. This would suggest that the Government is anticipating vaccines to cause a wide range of severe and debilitating effects (4b). In further support of this, the Medical and Healthcare products Regulatory Agency (MHRA) had to introduce a new system of AI to record the very high anticipated numbers of adverse affects from the vaccine [[3]](https://miriaf.co.uk/letter-to-uk-schools-re-covid-19-vaccinations/%22%20%5Cl%20%22_ftn3)

VACCINE SAFETY QUESTIONS

The vaccines are still in clinical trials, both for adults and children. No children were involved in the initial clinical trials which lead to the MHRA granting emergency approval. As stated above, only 1,131 children were involved in the clinical trials for approval of the Pfizer vaccine.

For the reasons which we summarise below, as are more particularly set out in the open letters from the UKMFA, there is a very real possibility that children under your care may experience severe adverse reactions to the vaccines, now or at any time in the future, and the data to paint a full picture of how likely this may be is not yet available. As stated above, Covid-19 vaccinations are still undergoing clinical trials, which will not be complete until at least October 2022 (6 i), ii), iii)).

At the current time, no Covid-19 vaccines have been approved for use by the European Medicines Agency. Instead, the Covid-19 vaccines on the market currently have temporary authorisation from the MHRA, which is valid for one year only (7) and for so long as the emergency continues. Given that 50 million doses have been given to the adult population as of 4 May 2021, we do question whether the emergency should continue. Once the emergency stops, the vaccines are no longer authorised.

Given how low-risk children are for any serious effects from Covid-19 (8), it is illogical, irresponsible, and unethical to shoulder them with an unknown risk factor from an experimental and unapproved medical therapy that has not yet completed safety trials.

The Government and NHS have repeatedly made clear that it is unknown whether Covid-19 vaccinations prevent contraction or transmission of the virus (9, 10), therefore it cannot be suggested that the unknown risk to children posed by vaccination is worth it as a potential protective measure for others.

Furthermore, it is not and should not be incumbent on children to risk their own health for a theoretical benefit to adults. Rather, it is the obligation of us as adults to shoulder any burden the coronavirus situation may present, in order to protect the next generation from unnecessary and avoidable harm. An adult is free to shield or take whatever protective measures they feel are necessary to protect their own health - they are not free to expect others, especially children, to take unknown gambles with their health.

Leading on from this is the fact there have been a very large number of reports of adverse reactions to the Covid-19 vaccinations. Up to and including 14th April 2021 , the MHRA had received 145,994 reports of suspected adverse reactions to the Covid-19 AstraZeneca vaccine, 50,022 Yellow Card reports relating to the Pfizer/BioNTech vaccine, and 44 reports relating to the Moderna vaccine, which was released in the UK the day before this report was compiled (11). The Government estimates that only around 1% of adverse reactions are actually reported, so these figures for the adverse affects should be viewed as being a massive underestimate.

It is simply not justifiable to ask children to risk possible adverse consequences - and to reiterate, we do not yet know what the actual risk factor is, given clinical trials are still ongoing, see reference 6 - for a virus that poses such a low risk to them.

It is also important to note that, as the Covid vaccines were subject to both unprecedented acceleration in development and have only been on the market for such a short time, we have no data regarding their potential long-term effects. That a vaccine recipient appears "fine" after the initial application does not suggest this will continue to be the case long-term. Again, we draw your attention to the open letters from the UKMFA referred to above. We also ask that you read the open letter that the UKMFA sent to the MHRA and the JCVI on 23 November 2020 setting out further concerns and safety issues [[4]](https://miriaf.co.uk/letter-to-uk-schools-re-covid-19-vaccinations/%22%20%5Cl%20%22_ftn4)

We would also like to bring to your attention the fact that eminent vaccine authority, Dr. Peter Hotez, who was involved in the development of a potential SARS (a type of coronavirus) vaccine, has issued stark warnings regarding the way the current Covid-19 vaccines have been developed. Dr. Hotez said: "I understand the importance of accelerating timelines for vaccines in general, but from everything I know, this is not the vaccine to be doing it with." (12)

Whenever attempts have been made to develop coronavirus vaccines in the past, these have always ultimately failed, because, although they initially appear to provoke a sturdy immune response, their recipients often develop a syndrome known as vaccine enhancement (sometimes referred to as immune enhancement). What this means is that when vaccinated subjects come into contact with a wild coronavirus, they develop far more serious disease than subjects who were not vaccinated.

Normally, researchers would take months to test for the possibility of vaccine enhancement in animals. However, given the perceived urgency to stem the spread of the new coronavirus, some drug-makers moved straight into small-scale human tests, without waiting for the completion of such animal tests (12). As such, the data to know whether there may be a risk of vaccine enhancement in humans at some stage, is not there.

Another major concern surrounding these vaccines, if they are to be applied to children just entering puberty, is whether they have any impact on fertility. Vaccine manufacturers are not required as standard to evaluate their products' impact on fertility and have not done so with the Covid-19 vaccinations. While some commentators have stated there is "no evidence" Covid-19 vaccinations harm fertility, this simply means that no data has been collated in regards to this  - therefore, there is no scholarly evidence either way.

However, there are a number of reports from around the world of Covid-19 vaccinated women developing immediate and dramatic changes in their menstrual cycle upon receipt of the vaccine (13). These reports are currently the subject of ongoing academic research (14).

INFORMED CONSENT

There have been worrying reports in the press that authorities hope peer pressure from other pupils will encourage a high uptake of the vaccine.  We have also seen publications about vaccines being circulated in schools which contain incorrect and misleading information encouraging students to take the vaccines.

If the vaccines are going to be administered on school premises, we consider that you as the school have a duty of care to the student and their parents to ensure that both the student and their parents are given full, accurate and clear information about the vaccines to allow them to make a fully informed choice. You should be aware that there is a duty under UK law to ensure that any person receiving medical treatment, including vaccines, provides their fully informed consent, that must be free from any coercion of any kind. Quite clearly, peer pressure would mean that the legal requirement of informed consent is being breached.

We are aware of the existence of ‘Gillick competency' and that this may be invoked to apply vaccination without parental consent. However, Gillick is voided if a vaccination has been applied without obtaining fully informed consent from the child, which entails explaining to the child any material risks of the vaccination. This includes risks that may be considered less common (5).

Gillick is also voided if any kind of pressure, including peer pressure, is applied to the child to gain their 'consent'. If a child under your care receives a vaccination without being informed of all material risks of the vaccination, and/or receives the vaccination under duress of any kind, this voids their consent, making the application of the procedure potentially illegal, and the school may therefore be subject to claims from the child and their parents, especially if the child experiences an adverse reaction to the vaccination.

SUMMARY

Taking all the above factors into account, we feel it is abundantly clear that applying  experimental Covid-19 vaccinations to the nation's children on school premises, is neither in the children's, nor the school's, best interests. Children are at an extremely low-risk for any complications from Covid-19, should they contract it (no healthy child under 15 has died), and as yet, the data is not there to determine that Covid-19 vaccinations are either safe in the long-term or effective enough to justify their mass application to a low-risk group.

If an individual child is determined high risk, and that child, their parents, and trusted healthcare professionals make the informed decision that they wish to receive a Covid-19 vaccination, then that is something the child and their family can deal with privately, away from the peer pressure of schools, environments that are not designed to facilitate or support the administering of invasive and risky medical procedures. Schools should not be seen as adequate substitutes for specialised medical environments staffed by experienced healthcare professionals, as they are not - a key reason why schools place themselves at serious risk of legal action if they mass-administer an experimental medical therapy to minors without their parents present.

Please give the resources in this letter your utmost and urgent attention before coming to a decision about whether you will permit the introduction of a Covid vaccination programme in your school.

We will continue to monitor the situation closely.

Yours sincerely,

[Name]

References:

[1](https://miriaf.co.uk/letter-to-uk-schools-re-covid-19-vaccinations/%22%20%5Cl%20%22_ftnref1)) https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/60379523f61260115203f392\_UKMFA%20\_Covid-19\_Vaccine\_in\_Children.pdf

[2](https://miriaf.co.uk/letter-to-uk-schools-re-covid-19-vaccinations/%22%20%5Cl%20%22_ftnref2))https://www.ukmedfreedom.org/open-letters/ukmfa-urgent-open-letter-to-the-mhra-re-emergency-authorisation-of-the-pfizer-covid-19-vaccine-for-children

[3](https://miriaf.co.uk/letter-to-uk-schools-re-covid-19-vaccinations/%22%20%5Cl%20%22_ftnref3)) <https://pharmaphorum.com/news/mhra-looks-to-ai-to-hunt-for-covid-19-vaccine-side-effects/>

3b) <https://brodies.com/insights/health-and-safety/covid-19-vaccines-and-civil-liability/>

[4](https://miriaf.co.uk/letter-to-uk-schools-re-covid-19-vaccinations/%22%20%5Cl%20%22_ftnref4)) https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/5fbd13488af2de09d68bd61c\_UKMFA\_Letter\_to\_MHRA\_JCVI.pdf

4b) <https://www.gov.uk/vaccine-damage-payment/eligibility>

5) https://www.themdu.com/guidance-and-advice/guides/montgomery-and-informed-consent

6) i) <https://clinicaltrials.gov/ct2/show/NCT04283461>

    ii) <https://clinicaltrials.gov/ct2/show/NCT04470427>

    iii) <https://clinicaltrials.gov/ct2/show/NCT04368728>

7) <https://www.bmj.com/content/371/bmj.m4759>

8) https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00066-3/fulltext

9) https://www.gov.uk/government/publications/covid-19-vaccination-what-to-expect-after-vaccination/what-to-expect-after-your-covid-19-vaccination

10) https://www.ulh.nhs.uk/content/uploads/2020/12/PHE-vaccine-leaflet.pdf

11) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/979651/Coronavirus\_vaccine\_-\_summary\_of\_Yellow\_Card\_reporting\_14.04.21.pdf

12) https://www.reuters.com/article/uk-health-coronavirus-vaccines-insight/as-pressure-for-coronavirus-vaccine-mounts-scientists-debate-risks-of-accelerated-testing-idUKKBN20Y1I1?edition-redirect=uk

13) https://www.dailymail.co.uk/health/article-9495727/Researchers-studying-women-report-changes-periods-taking-COVID-vaccine.html

14) https://redcap.healthinstitute.illinois.edu/surveys/index.php?s=LL8TKKC8DP