AN URGENT JOINT PUBLIC DECLARATION FROM CIVIL SOCIETY TO THE MINISTRY OF HEALTH – 25/05/22

WARNING: Untenable Failure in Medical Ethics

Halt Pfizer/mRNA Vaccines in Children

Transparency, Liability and Ethical Best Practice Necessary Before Pfizer Inoculation in Children.

The Pfizer mRNA vaccine is an experimental pharmaceutical granted Emergency Use Authorisation (EUA) by the US Food and Drug Administration (FDA)[1]. The World Health Organization (WHO) has no regulatory oversight of Pfizer trial data and as such, recommends the use of this vaccine subject to the ethical standards of the FDA. Before considering administration of this pharmaceutical agent to a child, parents **MUST BE INFORMED** of the following irrefutable facts:

Mandatory Disclosures About the EUA Vaccine

1) The FDA mandates that parents are explicitly informed that the vaccine poses a statistically significant risk of myocarditis/pericarditis (heart inflammation) in males under 40 years, and that the long-term effects of these complications are unknown.[1]

2) The FDA mandates that doctors inform parents that they have the right to refuse without any fear of reproach, punishment or discrimination.[1]

3) The FDA mandates that administration of an EUA vaccine to the general public warrants expeditious safety surveillance and diligent adverse event reporting by health care professionals. This must take the form of an easily accessible and transparent Vaccine Adverse Events Database, which allows the public to view injuries, deaths or adverse events following vaccination. [1]. A clinician's failure to report vaccine adverse event or injury breaches medical ethics and good clinical practice.

4) The Pfizer vaccine has no long-term safety data and the randomized control trial in children is exceedingly short (< 6 months duration) [2,3]

5) After 2 months the vaccine fails to provide any protection against infection and children may be required to get multiple annual boosters to maintain immunity. [4]

6) The safety of repeated boosters is unknown and subsequent mRNA shots may carry an increased risk of myocarditis. [5]

Essential Facts about Omicron

7) The highly transmissible Omicron strain quickly outcompetes other variants and the risk of contracting more virulent strains like delta and gamma is negligible. [6]

8) In high quality trials in children the Pfizer vaccine provided no statistically significant protection against serious adverse outcomes due to Omicron.[7]

9) Omicron evades immunity produced by the current vaccines.

10) Serious Omicron complications or fatalities are exceedingly rare in young adults, adolescents, and children, who are expected to universally recover without vaccination.[8]

The undersigned groups demand an immediate halt to the Pfizer vaccine in children ages 5 to 11 subject to the following conditions:

I. The MOH informs the public that Omicron fatalities and serious complications in children, adolescents and young adults are minimal and there is no paediatric COVID-19 emergency.[8]
II. The MOH explicitly informs parents, in writing that the Pfizer vaccine is besing administered through an EUA, as the paediatric safety trial is scheduled for completion in June 2024.[1]
III. The MOH informs parents of the risk of myocarditis in males which may increase with each subsequent shot. [1,5] Other possible complications of indeterminate frequency (e.g., neuritis, thrombosis, and menstrual disturbances) should also be listed. [9][10]
IV. The MOH informs parents that the child is very likely to contract Omicron regardless of vaccination[4], and children are not drivers of COVID-19 transmission[11].
V. The MOH ceases all forms of vaccine coercion and reprimands any public figures or clinicians who exaggerates the threat of OMICRON to drive vaccine uptake.
VI. The MOH transparently informs parents that mRNA vaccines are novel biotechnologies with limited clinical testing and no approved use in humans prior to COVID-19. Any claim that novel mRNA vaccines are equivalent to traditional vaccines should be strenuously condemned as misinformation.
VII. The MOH establishes a stringent, publicly accessible Vaccine Adverse Event Reporting System (VAERS), and mandates health care professionals to diligently investigate, record and report all suspected cases of vaccine injury or adverse events.
VIII. The MOH establishes a vaccine injury compensation fund and takes liability for all serious adverse events, injuries and deaths associated with exposure to the vaccine.

We the undersigned recognize that the MOH is in breach of medical ethics by exposing our children to the indeterminate health risks from an emergency use pharmaceutical without declaring such risks or assuming liability for damages. As such we advocate for the urgent implementation of the above action points (I – VIII) and demand official promulgation of the essential facts (1-9) regarding the Pfizer vaccine's investigational/EUA status, the benign nature of Omicron, and the vaccine's substantial limitations against this strain. Until such measures are effected, and the MOH acts with integrity and transparency, we request an immediate suspension of the Pfizer vaccine rollout in adolescents and children ages 5-11.

References

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