

Briefing in response to proposed COVID vaccinations for children

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Vaccination in children - Major Ethical Concerns

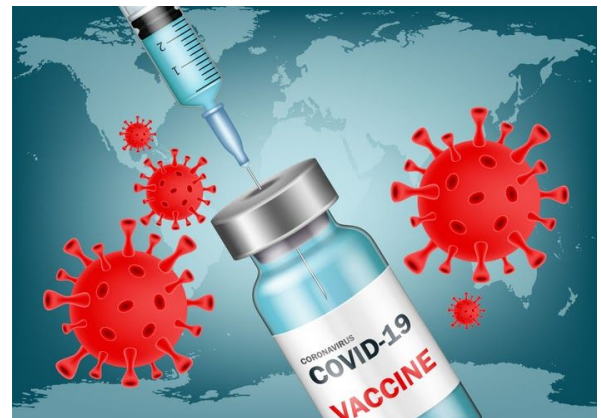
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Our Response:

Known, potential, late-onset effects from vaccines that have not yet been ruled out include adverse immune response to infection, neurological disorders and fertility problems which could take months or years to become apparent.

The development of new vaccines against Sars-CoV-2 to the point of temporary approval¹ has been a major tool in the management of COVID-19.² Clinical trials are ongoing and published follow-up is currently only a median of 2 months from the second dose.³

The vaccine rollout from the Joint Committee on Vaccination and Immunisation⁴ prioritised people in nine categories according to risk, commencing with care home residents over the age of 80 and working down



through the age groups and those either professionally or clinically vulnerable. At the time of writing, 18 million people have had at least one dose of the vaccine.

It is estimated that 98% of those at risk of death from COVID-19 will have been vaccinated when the nine groups have been completed.⁵ Trial data claims that there will be good protection (~90%) against serious illness and death.^{6,7}

Unpublished data suggests that transmission will be reduced but not eliminated by immunisation.⁸ However, given that the vast majority of those at risk will be protected against severe disease and death, transmission becomes much less relevant. This is in addition to the added population protection of the acquired immunity provided by those members of the public who have already had and recovered from COVID-19. It is puzzling why this cohort has not been

factored into publicised calculations of population immunity.

COVID-19 vaccines are not licensed for use in children. The committee advises that only those children at very high risk of exposure and serious outcomes, such as older children with severe neuro-disabilities that require residential care, should be offered vaccination, with clear explanation to parents on the paucity of safety data.⁹

Given the rapid completion of vaccination of all high-risk groups, it was extremely concerning to hear of a possible rollout to children later this year. In so doing, we are entering into very questionable ethical terrain.

The main concerns are outlined below:

- All the vaccine trials have specifically excluded children. Effects of the vaccine on children are therefore completely unknown.
- The vaccines being rolled out have only limited short-term safety data and no long-term safety data available.
- Known, potential, late-onset effects from vaccines that have not yet been ruled out include adverse immune response to infection,¹⁰ neurological disorders¹¹ and fertility problems¹² which could take months or years to become apparent.
- Pfizer-BioNTech and Moderna vaccines involve completely new mRNA vaccine technology which has never previously been given to a large population.
- Astra-Zeneca, while involving a standard delivery method, still involves presenting DNA fragments to the host cell which will then be taken up by the host to programme for spike protein production rather than the more traditional whole virus or viral protein technologies.¹³
- Children are at extremely low risk from COVID-19 and no previously healthy child under 15 has died.¹⁴
- Around 30-50% of children remain asymptomatic and admissions to hospital or intensive care are uncommon.
- A small number of children have been reported with Paediatric Inflammatory Multiorgan Syndrome but again the vast majority have made a full recovery.¹⁵
- A similar very small number of children may develop 'long Covid', however given the unknown risks of adverse events from vaccination, this is not a reason to proceed.
- Risk of death or severe disease is much lower than other infectious diseases such as meningococcal disease or chickenpox.
- Children are also much less likely than adults to transmit the virus¹⁶, indeed living or working with young

children reduces the risk of severe disease.¹⁷

- Therefore the argument of ‘protecting others’ is not applicable as the manufacturer specifically states that the vaccine may not prevent transmission.

For all of the reasons cited above, it would be highly unethical to vaccinate children who are at such low risk from COVID-19.

Any potentially long-term negative outcomes from vaccination are especially important for children, for whom so many more years lie ahead and whose immune and neurological systems are still developing.

Commencing research in children, in advance of published adult long-term safety data, could be in breach of the Nuremberg code.¹⁸ We need not look far back into history to remember the devastating harms a rushed-to-market vaccination can have. Over 1000 children were permanently disabled with narcolepsy caused by the Pandemrix swine flu vaccine. To repeat such a mistake here would be unforgivable.

The immune system is phenomenally complex and still poorly understood. Experimenting on young children for a disease that carries vanishingly small risks is a road no ethical scientist should walk down. It is a clear departure from

the precautionary principle and the scientific experts at HART strongly advise against it.

Endnotes:

1. [Oxford University/AstraZeneca COVID-19 vaccine approved](#)
2. [Boris Johnson hails 15 million jabs as ‘significant milestone’ - YouTube](#)
3. [Safety and efficacy of the ChAdOx1 nCoV-19 vaccine \(AZD1222\) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK](#)
4. [Joint Committee on Vaccination and Immunisation: advice on priority groups for COVID-19 vaccination, 30 December 2020 - GOV.UK \(www.gov.uk\)](#)
5. [Greenbook chapter 14a v6 \(publishing.service.gov.uk\)](#)
6. [Safety and efficacy of the ChAdOx1 nCoV-19 vaccine \(AZD1222\) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK](#)
7. [Information for Healthcare Professionals on Pfizer/BioNTech COVID-19 vaccine](#)
8. [Covid-19: Study showing Oxford vaccine slows virus spread ‘superb’ - Hancock](#)
9. [Greenbook chapter 14a v6 \(publishing.service.gov.uk\)](#)
10. [Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus](#)
11. [ASO3 adjuvanted AH1N1 vaccine associated with an abrupt increase in the incidence of childhood narcolepsy in Finland - PubMed \(nih.gov\)](#)
12. [The risks of using allogeneic cell lines for vaccine production: The example of Bovine Neonatal Pancytopenia](#)
13. [Types of vaccines for COVID-19](#)
14. [Deaths registered weekly in England and Wales, provisional](#)
15. [Clinical characteristics of children and young people admitted to hospital with covid-19 in United Kingdom: prospective multicentre observational cohort study](#)
16. [Incidence and Secondary Transmission of SARS-CoV-2 Infections in Schools](#)
17. [Enhanced surveillance of COVID-19 in education settings](#)
18. [The Nuremberg Code \(1947\)](#)