6 May 2021 – bulletin

May 5, 2021 (https://www.hartgroup.org/6-may-2021/)

Included in this week's bulletin:

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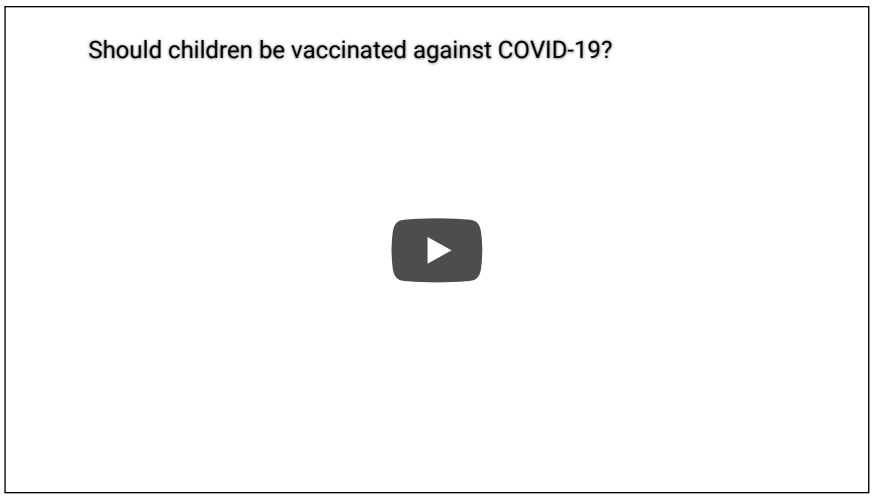
Should children be vaccinated against COVID-19?

The risk vs benefit calculation gives a resounding: no



We wrote a briefing paper on this topic (https://www.hartgroup.org/covid-19-vaccination-in-children/) in March but things have moved on quickly since then.

We have now passed the stage where everyone over 50 and all clinically vulnerable younger adults have been offered one if not two doses of a new vaccine. These groups make up 99% of those who died during last year with COVID-19 mentioned on their death certificate. ONS have confirmed that herd immunity has now been achieved, with over 70% of adults having antibodies from either vaccination or previous infection.

The rollout has moved to healthy younger adults and there are voices calling (https://www.thetimes.co.uk/article/nhs-draws-up-pfizer-covid-vaccine-plan-for-schoolchildren-dscp3nwbz) for children to follow, possibly as early as this summer, ready for the September school term.

But children absolutely do not need this. It is a profound blessing that children are barely affected by COVID-19 — we have not seen deaths in previously healthy children in Britain. There have sadly been a very small number of children with serious life-limiting conditions who have died with COVID-19, but paediatricians can already organise vaccination for very high risk children under compassionate grounds, once the risk and benefits have been carefully weighed up. We don't need to vaccinate healthy children for the sake of vulnerable ones. We also do NOT need to vaccinate healthy children to provide herd immunity for adults. Adults get protection from their own vaccination and children passing coronaviruses to each other in school will simply boost their natural immunity, to the benefit of us all.

Particularly worrying are teaching aids (https://stephenhawkingfoundation.org/wp-content/uploads/2021/04/Stephen-Hawking-Foundation-Vaccine-Initiative-V2-April-2021.pdf) circulating in London schools applying clear emotional pressure to children around vaccination.

Children have their whole lives ahead of them and the long-term safety results from the adult trials are not expected until December 2022 to March 2023. We must not forget, these are all brand new vaccines with only a temporary licence granted in an emergency. We have already seen the AstraZeneca vaccine withdrawn for 18-29s because of safety concerns from blood clots (https://b-s-h.org.uk/media/19530/guidance-version-13-on-mngmt-of-thrombosis-with-thrombocytopenia-occurring-after-c-19-vaccine__20210407.pdf) causing deaths and strokes. As previously reported (https://www.hartgroup.org/8-april-2021/?swcfpc=1), the UK children's trial has now been stopped, although trials for Pfizer & Moderna continue in the US and isolated reports of child deaths following vaccination are now appearing on the VAERS website (https://vaers.hhs.gov/data.html). Given that healthy children are not dying of COVID-19 there should be an extremely high safety bar before vaccinating children, so the safety data from these trials warrant extreme scrutiny.

We have a duty of care to children. There is important wisdom in **the Hippocratic Oath which states "First do no harm".** All medical interventions carry some risk of harm, so we have a duty to act with **caution and proportionality**. The current, available evidence clearly shows that **the risk vs benefit calculation does NOT support administering experimental COVID-19 vaccines to healthy children.**

Still no end in sight

Huge ad campaign to run into 2022

Last week we highlighted the fact that many councils are currently advertising Covid Marshall jobs starting in July and running until at least 31 January 2022. This week we note the £320 million contract (https://www.contractsfinder.service.gov.uk/notice/6043d1fd-1f8c-4232-a32a-a658e19abcb1?origin=SearchResults&p=1&fbclid=IwAR06DQK1s1uBH6LNBR52rHojSofEBrdSwafYVVRmLoqzdCu9Pi642VfH75w) that has just been awarded to OMG Group Limited... for COVID-19 advertising across radio and television. That's nearly **double** the entire Government ad spend in 2020 (https://www.thedrum.com/news/2021/03/23/uk-government-beats-unilever-and-sky-biggest-uk-advertiser-2020). The contract will run until 31 March 2022. Why?

Unqualified celebrities promote vaccination

New NHS film misinforms and misrepresents

The latest NHS short film featuring Lenny Henry, David Walliams et al (https://www.imperial.ac.uk/news/220433/star-studded-video-campaign-launched-address-covid-19/) ignores the important facts that the vaccines are entirely new technology, are licensed for emergency use only and the manufacturers have been exempted from legal liability for any vaccine-induced harms.

The claim "***It's gone through the same strict testing as all vaccines"*** is incorrect. The vaccines are experimental and the Phase 3 trials are on-going until 2023, which means all current recipients are Phase 3 trial subjects who are entitled to clearly informed consent. This short film goes against this principle, arguably using dishonest persuasion tactics.

The claim "***There's no evidence that it affects fertility***" is incredibly misleading. We do not assess safety in this way — the absence of evidence is not the same as evidence of absence. That is why multi-generational animal fertility studies have been deemed an essential part of the approval process for new drugs, yet these haven't yet been completed for any of these specific products. We simply don't know yet how they may or may not affect fertility because the trials are not examining this. Reports have certainly been made on the MHRA Yellow Card Scheme of unexplained spontaneous abortion and gynaecological bleeding post vaccination — and these must be followed up urgently.

It is vital that data is collected and rigorous scrutiny of vaccine effects is completed. In the meantime, obtaining proper, informed consent before administering an intervention should be a vital part of medical practice. To ensure ethical integrity, healthcare staff should be encouraging each individual, consciously and rationally, to weigh up the pros and cons to themselves of accepting a vaccine. Certainly this would be far better than using unqualified celebrities to urge people to participate using misleading and incorrect information.

Ivermectin is effective

More endorsement for the anti-parasitic drug

A comprehensive review of the research literature has confirmed what many doctors have been claiming for a long time: ivermectin is an effective treatment of COVID-19. The peer-reviewed study (https://journals.lww.com/americantherapeutics/Fulltext/2021/00000/Review__of__the__Emerging__Evidence__Demonstrating__the.4.aspx), (https://bit.ly/3vA1GDq)published in the ***American Journal of Therapeutics,*** examined a huge amount of evidence, including 18 randomised controlled treatment trials. The authors found that ivermectin not only reduces ICU admissions and mortality rates for hospitalised patients, but can also prevent deterioration for those with mild to moderate disease.

Ivermectin, an anti-parasitic drug, has been around for almost 40 years, is cheap, widely available, and benefits from an excellent safety record. Curiously, regulatory agencies, including those in the UK, have been reluctant to recommend it for treatment of COVID-19.

There have even been instances of social media platforms removing content (https://www.peakprosperity.com/censored-most-recent-covid-video-banned-by-youtube/) that has promoted ivermectin. Even more concerningly, a paper describing its benefits had successfully navigated peer-review at a mainstream journal (Frontiers in Pharmacology), only to be pulled at the last minute for reasons four of the guest editors found disturbing enough for them to resign in protest (their letter can be found here (https://www.hartgroup.org/wp-content/uploads/2021/05/ResignationsFrontiers.pdf).)

However, the authors of the review in ***American Journal of Therapeutics*** could not be more emphatic in their recommendation that it be 'globally and systematically deployed in the prevention and treatment of COVID-19'. There are now no legitimate reasons not to endorse ivermectin as a mainstream intervention to fight any future emergence of the pandemic. In fact, in the light of the compelling evidence, authorities that do not actively promote ivermectin should be asked why they are not doing this. As mentioned in last week's bulletin (https://www.hartgroup.org/29-april-2021/?swcfpc=1#india), the Indian authorities are now promoting the use of home treatment using ivermectin in early COVID-19.

New variant not responsible for winter wave

The true cause needs investigating

Given that as many as 60% of cases observed in England (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/8january2021#the-percentage-of-those-testing-positive-who-are-compatible-for-the-new-uk-variant) during the last week of December could be attributed to the new UK variant, it has been suggested that the emergence of this variant is responsible for the surge in transmission rates over the winter period. However, identical surges in transmission rates were observed in Northern Ireland, Scotland and Wales where prevalence of the variant was only 33%, 28% and 13% respectively. With no apparent correlation between prevalence of the variant and rises in transmission rates. Therefore, there is no longer any reason to believe that this new variant was a catalyst for the winter wave. Further investigation is required to determine the true cause of the sudden surge.

The 'UK' variant, B.1.1.7, was first identified in the UK at the end of October 2020. By the last week of November or first week of December, it had been identified in almost every country internationally (https://covariants.org/per-country). It has become the most predominant strain in Florida (https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant-cases.html) but cases there have continued to fall. The new variant was not the cause of the winter surge. However, surges, like our winter surge, were not seen in other countries.

Natural vs vaccine immunity

Which is safer or more protective?

This NHS advert (https://twitter.com/publichealthni/status/1352587027112480769?s=20) states that: '***It's much safer for your immune system to learn how to protect itself through a vaccine, than by catching the virus***'.

In the case of SARS-CoV-2 and the associated vaccines, we simply do not know whether this is true. Given this, it categorically should not be included in a government health messaging campaign.

This statement seems to be comparing SARS-CoV-2 (the virus) to the safety record of previous vaccines. The novel biotechnology used in the COVID-19 mRNA and DNA medical devices have not been through the years of safety trials normally required for drugs that are new to market. They are only being administered under emergency waivers in this instance. The long-term implications for both safety and long-term protective immunity are currently completely unknown, so it is irresponsible to make premature claims.

Please see our full briefing paper, here (https://www.hartgroup.org/wp-content/uploads/2021/05/NATURALLY-ACQUIRED-VERSUS-VACCINATION-IMMUNITY.pdf).

An update from the USA

Even more citizens are living free

Many US states have now rolled back all restrictions, including mask mandates, preferring to treat their people as adults to live their lives according to their own personal perceptions of risk.

None of these roll-backs — including permitting sports stadia packed with tens of thousands of unmasked spectators behaving entirely normally — have resulted in any "spike" in cases. In fact, the declines already evident simply continued their downward path (despite much lower vaccination rates than in the UK and several other countries). It now seems clear from a multitude of studies comparing different US states that lockdowns and other interventions actually made little to no difference to the impact of COVID-19, while causing substantial harms. The latest such study, from the Harris School of Public Policy at the University of Chicago, can be found here (https://www.pnas.org/content/pnas/118/15/e2019706118.full.pdf).

So concerned are many states about the possible effects of some of the measures being considered by other countries, they are even passing legislation to prevent further intrusions in their citizens' lives, intrusions which our political leaders are telling us are needed for a return to normality.

For example, a month ago Greg Abbott — governor of Texas (pop. 29m) — tweeted: (https://twitter.com/GregAbbott_TX/status/1379388416626884610?s=20)

Ron Desantis the Governor of Florida (pop. 21m) — recently followed suit (https://twitter.com/GovRonDeSantis/status/1389337292146364416?s=20):

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