

# The MHRA Papers - Part 11

Ignorance



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**SUMMARY:** Several statements taken at face value show the secret squirrels' considerable ignorance. Perhaps the minute taken has taken liberties, and no one bothered to check the text.

We continue reviewing the minutes of the 18 January 2021 meeting of the MHRA [Commission On Human Medicines \(CHM\) COVID-19 Vaccines Benefit Risk Expert Working Group](#).

These are selected extracts (our emphasis)

“The EWG questioned the possibility that individuals are becoming infected in vaccination centres themselves.

The EWG noted it is **concerning** that the dynamics in the first week post-vaccination follow what is known about infections with COVID-19.”

We do not know what to make of this, as two weeks was previously cited as the protection time for protection.

“PHE informed there are a **group of people being tested as they developed symptoms post vaccination.**”

and

“The EWG discussed the possibility that the **apparent increase in risk of disease the short time period immediately after vaccination** could theoretically be due to

antibody sump which then dissipates when the vaccine takes effect.”

We have never heard of an antibody sump and could not find any reference to it as a phenomenon. However, was the effect the EWG observed related to lymphopenia? This poses a further issue: Was the EWG aware that the antibody response was unsatisfactory?

“The EWG noted concern about **deaths observed in the few days after vaccination in care home residents** and heard there are specific studies set up to look at these.”

In January 2021, the BMJ [reported](#) that Doctors in Norway were told to conduct thorough evaluations of very frail elderly patients following the deaths of 23 patients shortly after the vaccine. When the MHRA was asked if any deaths had occurred in UK patients after vaccination, they replied: “that details of all suspected reactions reported in association with approved COVID-19 vaccines would be published along with its assessment of the data on a regular basis in the future.”

“The EWG discussed the potential adaptation of coronavirus vaccines to mutations. We do not have an example of another virus where there is escape from the vaccine apart from flu, which changes rapidly”.

This statement shows surprising ignorance of the evidence base for viral vaccine. Studies showing the opposite, such as this [one](#) on hepatitis B, do not take long to

“The EWG **heard that coronavirus mutates much more slowly than the flu virus**; number of transmissions drives the infection rate and what happens in people who are chronically infected. If transmission is stopped, then that would reduce the likelihood of escape mutants”.

Again, more [ignorance](#) of history and the evidence base: person-to-person mutations of CoV have been reported as early as 1984.

Two old geezers wrote this post with oil sumps in their cars. They believe that parliamentarians or those in the public service should study the evidence without being “sceptical” or believing what they “heard.”

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Vivian Evans 3d

Ignorance is bliss, especially for those who profit from the 'ignorance' - perhaps induced by 'all costs' - of the watchers. I think you hit the nail on the head when you observe:

"Perhaps the minute taken has taken liberties, and no one bothered to check the text."

From experience as minute taker on many occasions I can attest to this: nobody really checks minutes and yes, one can 'take liberties', which makes minute-taking in the context of e.g. a p 'charged' community group hugely important if one has an agenda, especially a secret one.

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Alan Kennedy 3d

"PHE informed there are a group of people being tested as they developed symptoms post vaccination."

As Professor Fenton and colleagues pointed out, this problem was easily solved by deploying "cheap trick". You are simply counted as "unvaccinated" for a period of time. What's in a word

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