

## Vaccine certification - an ethical minefield

By Dr Malcolm Kendrick



**We have grave concerns regarding the proposal of any sort of vaccine certification as a ‘way out’ of repeated lockdowns, or as a condition of foreign travel.**

The UK has a strong record of public health measures by consent and vaccination has never been mandatory. According to Article 6 of UNESCO’s Universal Declaration on Bioethics and Human Rights (2005)<sup>1</sup>, of which the UK is a signatory:

*‘Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.’*

The proposal of vaccine certification is highly coercive, threatening the loss of livelihood and the loss of freedom of movement. That is in no sense ‘free’ consent. It is considerable duress. With regards to foreign travel, being coerced into vaccination in order to be ‘allowed’ to go on holiday is to belittle the seriousness of the issues at hand, which are critical for any free society, concerning important, enshrined freedoms. A vaccine passport would contain confidential medical information which should only be demanded in extreme circumstances. Yet it is proposed that we should have a medical ‘identity card’ that could, for example, be required to enter a restaurant. When it comes to identity cards, which this would be, Boris Johnson once said

*“I will in no circumstances carry one and even were I compelled to do so, I would take it out and destroy it on the spot were I ever asked to produce it.”<sup>2</sup>*

Any coercion is especially inappropriate given these vaccines are still under temporary licence pending publication of long-term safety data. We should not be advocating for vaccinating the entire population with experimental interventions whose long term safety is unknown and cannot be assumed. At the time of writing, ten countries have suspended the use of the AstraZeneca vaccine over blood clot fears.<sup>3,4</sup> Indeed an open letter to the European Medicines Agency was published on 28 February outlining many legitimate safety concerns that need to be thoroughly investigated.<sup>5</sup> These are valid questions, which need to be fully investigated.

Another issue that has not been discussed, is the existence of acquired immunity in those who have already had COVID-19. Infection to an active agent is almost certain to create strong, and potentially

lifelong immunity (unless the virus mutates significantly). It represents an unnecessary risk to vaccinate those who have already encountered the virus and recovered from it. They already have superior immunity to that which any vaccine can provide, as their immune systems have encountered all components of the virus. It has been estimated that 25-30% of the population fall into this category.<sup>6</sup> Added to the fact that a significant percentage of the population seem to have prior immunity.<sup>7</sup> All of this makes it extremely unlikely that 80% of the population must be vaccinated, as the NHS are now aiming for.<sup>8</sup>

Furthermore, there are no safety data available as to whether individuals with acquired immunity may have increased susceptibility to vaccine adverse events. This is a potentially serious problem that needs to be reviewed on a regular basis. This amplifies the issue that there is no point in vaccinating those who are not at notable risk. They are exposing themselves to potential problems for no reason.

The notion of bodily autonomy is not one to be given up lightly, and certainly not for a now endemic respiratory virus with a 99.97% survival rate in a country where all of the vulnerable groups have already been vaccinated. In addition if, as has been suggested, vaccination confers a 90% reduction in serious illness/ hospitalisation, then COVID-19 will shortly represent a disease burden equivalent to that of seasonal influenza. It has never been suggested that vaccine passports are required for influenza.

Vaccination certification/passports would effectively create a two-tier society, in which those who remain unvaccinated for whatever reason are deprived of their basic freedoms of travel, association and employment. We have already seen this happening in Israel where it is causing serious divisions in society.<sup>9</sup>

From a practical perspective, there is no guarantee that certain vaccines will not become obsolete within a year due to viral mutation. Some countries have already rejected specific vaccines for particular age groups. The diversity of licensed vaccines could lead to the requirement to have further vaccinations according to the destination. Who knows what the risks of multiple vaccination could be?

It should be noted that the WHO does not currently support the notion of vaccine certification. The argument that people accept a Yellow Fever certificate is spurious. Yellow Fever certificates are usually required only if you arrive *from* one of the endemic countries. In addition, yellow fever carries around a 30% mortality and has a well-established vaccine that gives lifelong protection. The COVID-19 vaccines and indeed the disease are not comparable in any way.

A better analogy, in disease terms, is the 'flu, the vaccine for which is offered to high risk members of society, or is taken up voluntarily, but never with any restrictions imposed on those who are unvaccinated. Given that COVID-19 is now endemic, the vaccination programme should follow this previously well-established protocol.

## Endnotes

1. [Universal Declaration on Bioethics and Human Rights](#)
2. [Boris Johnson on National I.D. Cards](#)
3. [European countries suspend use of AstraZeneca vaccine over blood clot death fears](#)
4. [AstraZeneca: Thailand delays vaccine rollout over blood clot fears](#)
5. [Urgent Open Letter from Doctors and Scientists to the European Medicines Agency regarding COVID-19 Vaccine Safety Concerns](#)
6. [Over 25% of the UK likely to have had COVID-19 already](#)
7. [Targets of T Cell Responses to SARS-CoV-2 Coronavirus in Humans with COVID-19 Disease and Unexposed Individuals](#)
8. [NHS England and NHS Improvement Behaviour Change Unit, in partnership with PHE and Warwick Business School Optimising Vaccination Roll Out, December 2020](#)
9. [Vaccine passports: A route to normality or the birth of a two-tier country?](#)