



Safer to Wait

Protecting Children's Health

“This is a unique situation where we as a company simply cannot take the risk if in...four years the vaccine is showing side effects.”

(Ruud Dobber, AstraZeneca senior executive, discussing why pharmaceutical companies have been granted zero liability – source: Reuters, 30 July 2020)

Dear Parent / Carer,

You will be aware that the government has now begun rolling out the Covid-19 vaccines to our children. This is despite safety and efficacy trials being incomplete.

There has been a lot of coverage of this in the media, and your child's school or local health authority may already have given you some information. Many schools have also been directly presenting children with misleading information regarding the vaccines.

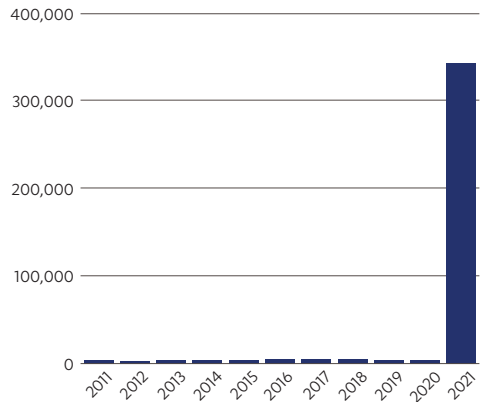
As parents, we have a very big decision to make, with and on behalf of our children. There are many things to consider.

The standard childhood vaccines are well-established and have been shown to be safe and effective. However, the current UK Covid-19 vaccines have ingredients that are not found in traditional vaccines and use brand new, gene-based technology (the body's cells are given genomic instructions to reproduce part of the virus (the spike), rather than the standard process of presenting a weaker or inactive virus). It is unknown how long the spike continues to be produced. Until the end of their safety trials (2023), the Covid-19 vaccines remain unlicensed and experimental.

The risk to children from natural infection with the virus is almost zero, and over 99.99% of children who catch the virus will make a full recovery. While it may make sense for those very few children with grave medical conditions, who are at serious risk from Covid-19, to be vaccinated this year, the risks from the vaccines far outweigh any potential benefits for the vast majority of children.

Children who live with very vulnerable adults may also be offered the vaccine. As parents we are confident you will weigh up all the risks for your child when judging how best to protect those adults, understanding that the data supports a very low transmission rate in those cases.

MHRA Adverse Drug Reaction (ADR) reports for all vaccines in the last 10 years (As of Aug 2021)



We are a group of concerned parents, teachers, doctors, and lawyers, who are – just like you – trying to make the best decision when it comes to the Covid-19 vaccines and children.

This leaflet aims to help you weigh up the risks and benefits for your child, by providing information that is not being widely shared. This must be considered before informed consent can be given.

Please take a few minutes to read and consider the points overleaf.

Did you know:

Children have an extremely low risk of serious illness or death from Covid-19

Even more troublesome symptoms, such as Long Covid or PIMS, are extremely rare in children – and they normally make a full recovery. The vaccines have not been studied to establish whether they reduce the risk of PIMS or Long Covid, so there is no data to support that as a reason to vaccinate.

The Covid-19 vaccines use new, gene-based technologies (mRNA) and ingredients (lipid nanoparticles)

They are materially different from the vaccines we all know and trust. They are only authorised for temporary use in the UK (as reported by the BBC on 7th Jan 2021) and are not fully licensed. Clinical trials to establish short and medium-term safety and efficacy are ongoing until 2023. Animal trials indicated that the vaccine ingredients left the injection site and concentrated in organs including the liver, ovaries, testes and bone marrow. We don't yet know whether this might be harmful. The initial data published has not proven that they prevent infection with, or transmission of, the virus, although they may help to reduce symptoms. Therefore, they will not prevent others from becoming infected. As children's symptoms are already very mild or non-existent, any benefit to them would be negligible.

Most children have strong, innate immune systems

Their immune systems can easily overcome the virus and have been shown to produce a more robust, comprehensive and lasting immunity than vaccination, which is expected to require booster shots every 6-12 months to maintain immunity. Also, there is good evidence to suggest that we may be at, or very close to, herd immunity. We do not know how these vaccines will affect children's own natural immunity.

Children are not key drivers of transmission

They both catch and transmit the virus less than adults. Most at-risk adults are already vaccinated. Therefore, there is currently no justification for vaccinating children. Indeed, children may have a protective effect on adults around them as studies have shown those over 65 living with children are less likely to be hospitalised or die from Covid-19 than those who are not.

Little is known about the vaccines' short and long-term side effects

Some of the side-effects now being widely reported by adults were not seen in the initial safety trials, including serious and life-changing conditions such as myocarditis, clots, bleeding disorders and neurological conditions such as Guillain-Barre syndrome and Transverse Myelitis. Adverse reactions to the vaccines are being reported to Government monitoring schemes (such as UK Yellow Card and US VAERS) at a much higher rate than is usual with vaccines. Due to the short time that these vaccines have been in use there is NO long-term safety data, so possible late-onset effects relating to fertility, clotting, autoimmunity, neurodegeneration, cancer, and enhanced immunity causing worse disease, have not yet been ruled out.

When the chances of harm to children from Covid-19 are so incredibly low, are any risks worth taking with the vaccine?

It is safer to wait at least a year or two, to allow trials to collect three years of safety data (the average time to develop a new vaccine is 8-10 years). Five years is how long it would take to start to see long-term effects such as cancers. Let's see more data from adults receiving the vaccines, which will help us better judge their safety and necessity for use in children. At this stage, when the vast majority of children have no risk from Covid-19, is it ethical to inject them with experimental products that have no long-term safety data?



Please visit [SaferToWait.com](https://www.safertowait.com), where you'll find references and links to substantiate all of the above statements, plus much more information, should you wish to get into the detail.