

Dr June Raine, CEO, MHRA,
cc Professor Lim, Chairman, JCVI
Sajid Javid MP, Secretary of State for Health & Social Care
Commission on Human Medicines
Paediatric Medicines Expert Advisory Group

14th November 2021

Dear Dr Raine,
Re safety of COVID-19 vaccines in children

We are a group of doctors and scientists who wrote to you on [17th May](#), then again on [6th June](#) and most recently to the JCVI on [19th August](#) regarding our major concerns over the safety and indeed the necessity for COVID-19 vaccines for children. Our specific questions remain unanswered, despite increasing evidence of vaccine adverse events in this age group both abroad and in the UK. Your promise made Nov 20th 2020, *“There is absolutely no chance that we will compromise on standards of safety or effectiveness”* seems to have been abandoned.

Our combined clinical and scientific experience leaves us deeply concerned about safety for teenagers receiving the vaccines at the present time and in particular, the lack of timely analysis and publication of adverse events occurring in 12-17-year-olds. Following the FDA and [CDC authorisation](#) of the Pfizer vaccine for 5-11-year-olds, we are also concerned that emergency use authorisation will be granted here before the outcomes in 12-17s have been fully assessed, and despite an open acknowledgement [from Pfizer](#) that *‘the number of participants in the current clinical development program is too small to detect any potential risks of myocarditis associated with vaccination. Long-term safety of COVID-19 vaccine in participants 5 to <12 years of age will be studied in 5 post-authorization safety studies, including a 5-year follow-up study to evaluate long term sequelae of post-vaccination myocarditis/pericarditis’*.

We have the following urgent questions.

Given the [demonstrated excess in deaths](#) in young men aged 15-19 since May 2021, can you provide a breakdown by vaccination status, providing interval in days between vaccination if any and death?

Given an estimated [76% of school children](#) have already been infected with Sars-CoV-2, plus the clear [superiority of natural over vaccine-induced immunity](#), how can these children benefit?

Given the poor [N-antibody response](#) when natural infection follows vaccination, can you be sure that non-immune children won't be forced into a programme of recurrent booster shots as seen in adults?

Have you seen any data which can predict the quantity of spike protein produced by individuals following a specified dose of mRNA and have you any [biodistribution data](#) for humans?

What follow-up data have you seen from the [American group](#) reporting late gadolinium enhancement on cardiac MRI scans?

What other potential long term side effects have been considered?

What is the [NNTV](#) (number needed to vaccinate) to prevent one death or hospital admission?

Given that children are not seriously impacted by COVID-19, and there has never been an emergency situation regarding children's health relating to SARS-CoV-2 infection, how have you defined 'Emergency' for the purposes of these authorisations? What [ethical considerations](#) have been considered?

Yours sincerely,

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Professor Keith Willison, PhD, Professor of Chemical Biology, Imperial, London
Professor David Livermore, BSc, PhD, Professor of Medical Microbiology, University of East Anglia
Professor Anthony J Brookes, Department of Genetics & Genome Biology, University of Leicester
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and others

