

I am writing to you about the recent letter to parents of secondary school children on vaccination of 12-15 year olds from the Secretaries of State for Education and for Health and Social Care. This includes faqs answered by Mary Ramsey Head of Immunisation at Public Health England.[\[1\]](#)

There is a dangerous lack of important information concerning potential risks of the vaccine. Most statements conflict with studies on their own website ([GOV.UK](#)), or mislead by omission. The advice of the JCVI (Joint Committee for Vaccination and Immunisation) is disregarded almost in its entirety, as is Pfizer's 'Important safety information' that states 'Serious and unexpected side effects may occur. The possible side effects of the vaccine are still being studied in clinical trials'.[\[2\]](#)

The letter would in no way aid 'informed' consent.

It opens with Sajid Javid and Nadhim Zahawi rallying children to **'come forward for the vaccine'** as it's **'one of the best things young people can do to protect themselves and those around them'**,

Ignoring this:-

[GOV.UK](#) - 'There is considerable uncertainty regarding the impact of vaccination in children and young people on peer-to-peer transmission and transmission in the wider (highly vaccinated) population...and the committee is of the view that any impact on transmission may be relatively small.' (JCVI)[\[3\]](#)

Several studies show children tend not to be spreaders of Covid.[\[4\]](#)

And 'data from primary care and household studies suggests SARS-CoV-2 is mainly spread between adults and from adult family members to children.'[\[5\]](#)

This statement puts responsibility and pressure on children to consent.

According to psychiatrist and medical legal expert Dr. Mark McDonald, 'One of the worst traumas children suffer as a result of... fearmongering is the idea that they may kill their parents or grandparents simply by being around them.'[\[6\]](#)

The ministers also state, '**Vaccination makes people less likely to catch the virus and less likely to pass it on.**'

Vaccine trials measured 'prevention of mild to moderate COVID-19 infection, they were **not** designed to conclude on... **prevention of infection and transmission**' [7]

In a recent outbreak of Covid in an Israeli hospital, **96.2%** of those affected were **vaccinated**. ...all transmissions between patients and staff occurred between masked and vaccinated individuals, as experienced in an outbreak from Finland.' [8]

Next:- '**Here are some frequently answered questions for parents, from Dr Mary Ramsay, Head of Immunisation at the UK Health Security Agency (Public Health England).**

Why do young people aged 12 to 15 years need to get the vaccine?

Coronavirus (COVID-19) infection is typically mild in most young people, but it can be very unpleasant for some and one dose of the vaccine will provide good protection against severe illness and hospitalisation.'

Again, vaccine trials were **not** designed to conclude on...' **prevention of hospitalisation, severe disease, death,**' [9]

Being 'unpleasant for some' is not an argument for mass vaccination of children and young people with a potentially damaging experimental vaccine. She cannot say children are seriously ill or dying as the government data suggests otherwise:-

GOV.UK-'The incidence of **severe outcomes** from COVID-19 in children and young people is **extremely low**. In England, between February 2020 and March 2021 inclusive, fewer than **30 persons aged less than 18 years died** because of COVID-19, corresponding to a mortality rate of 2 deaths per million.' (JCVI) [10]

Teens and children have a less than 1% chance of hospitalization and death from COVID-19. In contrast to other respiratory viruses, children have less severe symptoms when infected. [11]

‘Vaccinating 12 to 15 year olds also helps reduce the need for young people to have time off school and reduces the risk of spread of COVID-19 within schools. The vaccine will protect young people from COVID-19 and reduce disruption to education, which is good for their welfare and mental health.’

There is no concern about their physical wellbeing after vaccination, only that school isn’t missed.

GOV.UK- ‘Children and young people who have SARS-CoV2 infection generally do not become so unwell that they need to take much, or any, time off sick from education. ‘

‘Adverse reactions to vaccination (such as fevers) may also lead to time away from education for some individuals.’ (JCVI) [\[12\]](#)

‘Why did the JCVI say young people didn’t need the vaccine?’

The Joint Committee on Vaccination and Immunisation (JCVI) looked at the direct health benefits of vaccines, and in the case of 12 to 15 year olds, they said that there was only a small advantage for young people in getting a dose of the vaccine.’

GOV.UK-The JCVI were *primarily* concerned with ‘**the magnitude of potential harms**’ to ‘**otherwise healthy 12-15 year old children**’ and favoured ‘**deferral of a universal offer of vaccination until more data have accrued**’ [\[13\]](#)

‘The Chief Medical Officers (CMOs) took into account the [extra health benefits](#) from avoiding children missing education and concluded that there were public health grounds to recommend vaccinating 12 to 15 year olds .’

This was in spite of the JCVI stating that children, in general, were not off school for long due to less severity of symptoms. If 'extra health benefits' refers to mental well being then the CMOs need to be held responsible for the impact caused by previous, unnecessary school closures.

GOV.UK- ‘Should the government wish to consider vaccination of children and young adults aged less than 18 years with the primary aim of reducing the SARS-CoV2 infection rate ...the known benefits from vaccination are likely to be limited.’ (JCVI) [\[14\]](#)

The letters on the [GOV.UK](#) website indicate that vaccination for this age group was going to occur regardless of any medical advice to the contrary.

The CMOs asserting their authority:-

GOV.UK-‘The independent JCVI is the proper body to give advice on how to deploy a vaccine....’ **BUT**

‘Membership of the group who decide the final advice to ministers will be the UK CMOs and lead deputy CMOs. The Chair of JCVI and DHSC Chief Scientific Adviser should be a **non-voting** member of the group. The **final decision on advice will rest with the UK CMOs.**’ [\[15\]](#)

‘My child has already had COVID-19 - should they still get the vaccine?’

Yes because...research has not yet shown how long people who have had COVID-19 are protected from getting it again after they recover.’

Mary Ramsey has a short memory, her **OWN** organisation, Public Health England, **FUNDED** the SIREN study which concludes, to the contrary :-

- 'A previous history of SARS-CoV-2 infection was associated with an **84% lower risk of infection.**
- 'previous SARS-CoV-2 infection protects most individuals against reinfection '
- 'This study supports the hypothesis that primary infection with SARS-CoV-2 provides a **high degree of immunity to repeat infection**
- 'The vaccine offered protection...but there was 'equal or **higher** protection from **natural infection..**' [\[16\]](#).

There are many studies showing natural immunity from a previous infection is robust and long-lasting due to it 'involving all four major types of immune memory [antibodies, memory B cells, memory CD8+ T cells, and memory CD4+ T cells]' rather than just the vaccine generated antibodies to the spike protein alone. [\[17\]](#)

Another thirty studies- [\[18\]](#)

'With a total of **835,792** Israelis known to have recovered from the virus, the **72** instances of reinfection amount to **0.0086%** of people who were already infected with COVID.' [\[19\]](#)

'vaccination helps to boost your protection, even if you've already had COVID-19.'

This ignores studies that show those with natural immunity have a higher risk of side effects when vaccinated (ADE). [\[20\]](#)

An international study published in mid-March 2021 surveyed 2,002 people who had received a first dose of COVID-19 vaccine, finding that those who had previously had COVID-19 experienced 'significantly increased incidence and severity' of side effects, compared to those who did not have natural immunity.

...it may be appropriate to re-evaluate the recommendation for the immediate vaccination of this group.

Prior COVID-19 infection was associated with increased risk of any side effect.. It was also associated with increased risk of severe side effects, leading to hospital care'. [\[21\]](#)

'Is the vaccine safe for children with allergies or other medical conditions'

Mary Ramsey omits this **vital** piece of information on allergies from Pfizer's safety information:-

GOV.UK:- 'This advice is that people with a previous history of severe allergic reactions to **any ingredients** of the vaccine should not receive it. ' [\[22\]](#)

How would you know what the ingredients are, who would inform you and would you know whether you are allergic to them?

Amongst other ingredients COVID-19 mRNA Vaccine BNT162b2 contains **polyethylene glycol/macrogol (PEG)** [\[23\]](#)

In a study of '**PEG as a cause of anaphylaxis**', it is stated, 'These are the first mRNA vaccines to be licensed in the UK, so there is no prior information on allergic reactions to mRNA vaccines. As far as we can determine, PEG has not been used as an excipient in vaccines until now.'

Amongst 'The clinical features of a PEG-allergic patient (which) may help identify at-risk patients **before vaccination**' are 'Mild usually cutaneous reactions (pruritus, rhino-conjunctivitis) to cosmetics, toothpaste, mouthwashes, shower gels, moisturizers, hand sanitizers and soaps often with **lower PEG molecular weights.**' . [\[24\]](#)

These reactions are not **uncommon** in many children (and adults) so to not be informed of such a potential risk is criminally irresponsible

As for medical conditions:-Data from a small number of children suggests that even children receiving immunosuppressive treatment for various indications appear to have a **mild clinical course of COVID-19**. Similarly, a study with eight children with inflammatory bowel disease found that all children diagnosed with COVID-19 had a mild infection, despite treatment with immunomodulators, biologics, or both. [\[25\]](#)

As confirmed on the government website:-

GOV.UK- Study of '**Risk factors for intensive care admission and death amongst children and young people admitted to hospital with COVID-19 and PIMS-TS** (significant systemic inflammatory response after covid infection'

Shows that although 'PICU (Paediatric Intensive Care Unit) admission **included** a number of co-morbid conditions, with **neurological, cardiac and gastrointestinal** associated with the greatest risk' the results were not concerning for natural infection.

'out of **6,338 hospital admissions, there were 259 PICU admissions and 8 deaths.** '

'For PIMS-TS Out of **712 hospital admissions, 312 PICU admissions and 5 deaths.**'

'**extremely** low numbers of CYP required PICU or **died** as a result of SARS-CoV-2 in the first pandemic year.' [\[26\]](#)

The risk from the vaccine would far outweigh infection with Covid for those children with comorbidities.

The vaccine trials...'reported clots that resulted in serious symptoms and deaths but gave no indication of the enhanced predisposition to forming serious clots in the future with a higher base of **micro-clots** formed because of the **mRNA intervention**.

This is particularly relevant to children, who have a long future that could be seriously affected by having an increased predisposition to multiple clot-based (and other) serious diseases resulting from these inoculations.' [\[27\]](#)

Moreover, we know from the **Pfizer children's trials** with healthy participants that:-
'Of the 1,127 children who received a **first** dose of the jab **86%** experienced an adverse reaction. Of the 1,097 children who received a **second** dose of the jab **78.9%** experienced an adverse reaction.

For children 12 to 15 years of age... the overall incidence of severe adverse events which left them **unable to perform daily activities**, during the two-month observation period (was) **10.7%, or 1 in 9, in the vaccinated group** ...Consequently, children who received the vaccine had nearly **six times the risk of a severe adverse event** occurring in the **two-month observation period** compared to children who did not receive the vaccine. In addition, the incidence of Covid-19 in the unvaccinated group was 1.6%, therefore, there were almost **seven times more severe adverse events observed in the vaccinated group than there were Covid-19 cases in the unvaccinated group.** [\[28\]](#) [\[29\]](#)

Children with certain medical issues that **excluded** people from the trials are being prioritised for vaccination, and there are a high number of deaths and ADRs related to those conditions after vaccination.

Pfizer Exclusion Criteria 12 years and older, (they have since **included** most groups and approved prioritisation):-

Immunocompromised individuals with known or suspected **immunodeficiency**, individuals with a history of **Autoimmune Disease, Bleeding Diathesis** , (those) who receive treatment with **immunosuppressive therapy. Receipt of blood plasma products. Those with Asthma, Hypertension, Diabetes, Current vaping or smoking** . [\[30\]](#)

The Royal College of Paediatrics and Child Health (RCPCH) - Priority list :-

'Those with severe **neuro-disabilities**, those with **immunosuppression, haematological malignancy, congenital heart disease**. Those who are **severely immunosuppressed** ... should be offered **a third dose**' [\[31\]](#)

The vaccine damage is evident in a study of Yellow Card 'Clinically relevant categories': -
Deaths and ADRs:-

A. **Bleeding, Clotting and Ischaemic ADRs** B. **Immune System ADRs** C. 'Pain' ADRs D. **Neurological ADRs** E. ADRs involving loss of Sight, Hearing, Speech or Smell [\[32\]](#)

Also in ONS figures:-

GOV.UK- Weekly excess mortality in England Analysis

Excess deaths for week ending 10th Sept 2021:

24% more heart failure deaths than baseline

19% ischaemic heart disease

16% cerebrovascular disease (strokes)

18% other circulatory diseases. [\[33\]](#)

<https://>

'There are very few children or young people who cannot receive the vaccine.. If in doubt, young people and their parents or carers should check with the school immunisation team or consult their GP or specialist clinician.'

The likelihood of parents consulting with their doctor is slim as anyone who has tried to get an appointment will know, and will the school immunisation team be sufficiently informed when the NHS and Government websites seem to ignore the data and give little indication of risk.

Will information relating to PEG, risks, likelihood of success, side effects and complications (in particular serious adverse outcomes) of the vaccine be explained by the clinician?

'there must be communication and awareness of :-'The effect of the patient's individual clinical circumstances on the probability of a benefit or harm occurring. If you know the patient's medical history, you'll know some of what you need to share already, but the dialogue could reveal more.' (GMC) [\[34\]](#)

Will every clinician take the time to fact find?

GOV.UK- According to the Greenbook giving, ' sufficient time and support to understand that information...ideally **before** the immunisation appointment.' [\[35\]](#)

Would a child, without a parent's input (Gillick Competence), be capable of revealing their complete medical history. It seems doubtful.

'Has the vaccine been given to 12 to 15 year olds in other countries?

Trials in thousands of children have shown that the vaccine works very well in this age group. The vaccine has since been given to millions of 12 to 15 year olds in a number of countries, including 8 million in the United States. Data from these countries show that the vaccine has a good safety record.'

The vaccine's widespread distribution does not bear any relation to it's safety
United states data is concerning and not indicative of a 'good safety record':-

A week of data in June (Vaers) **for 12- to 17-year-olds** show: **19,015** total adverse events, including **1,132** rated as serious and **19** reported deaths. [\[36\]](#)

Under reporting is a known problem in both the UK and US, 'fewer than **1%** of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of "problem" drugs and vaccines that endanger public health. [\[37\]](#)

In a study of '**Potential short-, mid-, and long-term risks of mass COVID-19 inoculation for children**', data from the United States **Vaers reporting system** mid June 2021 :-

'provides some indication of **very early damage** . Main regions/systems affected adversely :- **Cardiovascular, Gastrointestinal, Neural, Immune, Endocrine.**

In addition, there were large numbers of different vision and breathing problems reported.

All the major systems of the body are impacted, and many of the major organs as well.

More time is required for organ and system damage to develop and emerge. Cardiovascular problems dominate, as our model for spike protein/LNP circulation and damage predicts, and **it is unknown how reversible such problems are.** ' [\[38\]](#)

'Does the COVID-19 vaccine cause heart problems in young people?

Worldwide, there have been very rare cases of inflammation of the heart called myocarditis or pericarditis reported after COVID-19 vaccines. Most of these young people felt better following rest and simple treatments.'

The conditions are treated lightly but from the Myocarditis website :-

Some people recover well but others suffer, '...ongoing cardiovascular medication or even a heart transplant may be needed...myocarditis which can cause dilated cardiomyopathy, is thought to account for up to 45 percent of heart transplants in the U.S. today.' [\[39\]](#)

The FDA has ordered Pfizer to conduct research to investigate the risk of inflammation in and around the heart, as voluntary reporting mechanisms are insufficient. [\[40\]](#)

And in the UK:-

GOV.UK- On Friday 25 June, revisions were made to the product information for ...Pfizer/BioNTech COVID-19 vaccine, and the MHRA sent a notification to NHS contacts and healthcare stakeholders' concerning Myocarditis. [\[41\]](#)

JCVI concerns:- '...the clinical picture is atypical and the medium to long-term (months to years) prognosis, including the possibility of persistence of tissue damage resulting from inflammation, is currently uncertain as sufficient follow-up time has not yet occurred...**substantial uncertainty remains regarding the health risks associated with these adverse events.'** [\[42\]](#)

It's a less rare condition now since the vaccine.

An investigation of official ONS data has revealed that since the Covid-19 vaccine was offered and administered to **teenagers** in England and Wales there has been a **63%** rise in deaths among teenage boys, with one week seeing an increase as high as **700%**, and a **47%** rise in all-cause deaths among teenagers between the ages of **15-19** since they began getting the Covid-19 vaccine. [\[43\]](#)

Analysis of medical data suggests that **boys aged 12 to 15**, with no underlying medical conditions, are **four to six** times more likely to be diagnosed with vaccine-related Myocarditis than ending up in hospital with Covid over a four-month period. [\[44\]](#)

There is evidence that the method of delivery of the vaccine could be causing an effect on the heart, from a study in August 2021 [\[45\]](#)

Would the immunising team be aware of this, and up to date with recent research ?

‘I have seen fake stories on social media about the vaccine

You may have come across false or misleading information about the virus or the vaccine. It is important that you get your information from trusted sources such as:

The children’s programme information

The parents' guide is on the link below with the guidance for schools:

<https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-schools>

Here is the leaflet for the children and parents:

<https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-youth-people>

Further information can be found here: www.nhs.uk/covid-vaccine-children.’

Three links that provide **little** information on health issues and describe 'side effects' as a sore arm, headache or tiredness.

The message is ‘just get vaccinated!

