



COVID-19 vaccines for children

As parents and guardians, we have a duty to protect and safeguard the most innocent members of our society: our children. We must strive to make the best decisions for them that we can with the information we have available to us. This includes decisions about the Covid-19 injection.

Being a natural health practitioner and a mama to two young boys, I have been doing extensive research in regards to the nationwide roll out of the vaccines for 5-11 year olds.

What I have found is, that the risks are too large and the margin of benefit too small to support a universal vaccination programme of healthy children.

The Ministry of Health states: “COVID-19 generally has mild effects in children and is rarely severe or fatal. Children and young people who have COVID-19 will commonly have no symptoms or only mild respiratory symptoms, similar to a cold.”¹

Of the very few children who require hospitalisation, the majority have underlying health conditions.

The degree of natural immunity in children and youth is generally robust, complete and long-lasting and immunity gained through exposure to the virus will be life-long. Vaccinating children against COVID-19 increases their risk of vaccine-induced injury. Keeping in mind that vaccine effectiveness against infection wanes progressively from 92% at day 15-30 to 47% at day 121-180, and from day 211 and onwards no effectiveness could be detected according to a Swedish retrospective cohort study.²

The medium- to long-term effects of using this experimental vaccine are unknown. Phase 3 of the clinical study will not be completed until May 2023. Usually, vaccines do not get released to the market until after stage 4. This is brand new technology. Both mRNA and lipid nano particles have never been injected into a human body before. It is now proven that there is a range of pathogenic ingredients in the vaccines such as graphene oxide, the spike protein and liquid nanoparticles which circulate throughout the whole body causing major health issues. Once injected into your child’s body, it is impossible to take it back out again. This is concerning as there is a lack of adequate safety data in regards to the vaccine ingredients ALC-0159 and ALC-0315. The manufacturer of these two

¹ <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-health-advice/covid-19-vaccine-and-children-information-parents-and-caregivers>

² https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3949410

ingredients, Echelon Biosciences Inc, says in their product description “This product is for research use only and not for human use”. There have been no pharmacokinetic studies done on them.

Given the very low risk of serious COVID-19 disease in otherwise healthy children, considerations on the potential harms and benefits of vaccination need be weighed up carefully and a precautionary approach is required.

See below a summary of resources that I have found helpful:

The World Health Organisation states in this article below, updated on 5 January 2022, who should NOT be taking the vaccine:

....“People with a history of severe allergic reaction to any component of the vaccine should not take it. There are currently no efficacy or safety data for children below the age of 12 years. Until such data are available, **individuals below 12 years of age should not be routinely vaccinated.**”

https://www.who.int/news-room/feature-stories/detail/who-can-take-the-pfizer-biontech-covid-19-vaccine?fbclid=IwAR0zNbxS77RtDpvoRBuRUqypODs_lqGlldrpa2OmNNgMpNQDJJE32yJkOCg

The World Council for Health has published these 11 points you may wish to consider while making your decision about the Covid-19 vaccine for children:

1. According to data, children ages 5 through 11 are at extremely low risk of hospitalization, death, and developing Long Covid.
2. Safe prevention and treatment options are available.
3. Vaccinating children to protect adults is a new and unethical practice that is not supported by evidence-based research.
4. Because these vaccines are new, we don't have long-term safety data. Many study participants were only followed for 1-2 months after their second dose.
5. The clinical trials were too small to detect safety signals. The vaccine trial for 12-15 year olds included 2,260 children, 1,131 of which received the vaccine.
6. Serious cardiac side effects were reported following vaccination in the 16-24 age group. Could this potentially increase the risk for a younger child?
7. Data shows the vaccine may be causing damage to the immune system which can lead to concerning side effects such as developing an autoimmune disease.
8. We do not yet have the results of the fertility and developmental study, therefore we have no idea whether the future fertility and normal development of children will be affected by Covid-19 vaccination.
9. Pfizer and other major pharmaceutical companies have historically paid some of the largest criminal fines in history due to malfeasance and harm.
10. Vaccine manufacturers have been exempted from liability and are not being held accountable for injuries to both adults and children.
11. We still don't know the big picture. Will we be told that children need new Covid-19 jabs and boosters for the rest of their lives?

<https://worldcouncilforhealth.org/resources/covid-vaccine-for-children/>

Here is a summary of the main points from concerned New Zealand doctors:

1. The risks demonstrably outweigh the benefits
2. For every one child saved by the shot, another 117 would be killed by the shot
3. The clinical trials for the paediatric vaccine were far too small
4. There is no long-term safety data for COVID vaccination of young children
5. There is no COVID pandemic emergency for children of this age
6. Children aged 5-11 are at an extremely low risk of hospitalisation, death and Long COVID
7. Paediatric “vaccinations” cannot be justified as necessary for herd immunity when herd immunity itself is impossible to achieve with the current vaccines
8. Early intervention and treatment with safer drugs and nutritional supplements (e.g. vitamin C, vitamin D and Zinc) has been shown to be effective.
9. “Vaccinating” children to protect adults is unethical. Children do not represent a reservoir of infection dangerous to adults.
10. The evidence suggests that Pfizer is neither reliable nor trustworthy.
11. The Spike protein, the antigen induced by all COVID vaccines, is a toxin.

<https://nzdsos.com/2022/01/06/reasons-for-not-injecting-children/>

This toxicology report published by Science Direct examines issues related to COVID-19 inoculations for children. It states:

1. Bulk of COVID-19 per capita deaths occur in elderly with high comorbidities.
2. Per capita COVID-19 deaths are negligible in children.
3. Clinical trials for these inoculations were very short-term.
4. Clinical trials did not address long-term effects most relevant to children.
5. High post-inoculation deaths reported in VAERS (very short-term).

<https://www.sciencedirect.com/science/article/pii/S221475002100161X>

Dr Robert Malone, the inventor of the mRNA technology warns about injecting children in this video:

<https://odysee.com/@WelcomeToTheDelusion:d/Dr-Malone-Kids-Injection-warning:e>

Heart inflammation, a risk of vaccination. A MedRxiv preprint estimates that the rate of myocarditis post vaccination among males aged 12 -15 years was 162 cases per million and 94 among ages 16-17 (female cases in range 12-17 were 13 per million), For males this was 3.7 to 6.1 times higher than their 120 day hospitalisation risk from Covid.

<https://www.medrxiv.org/content/10.1101/2021.08.30.21262866v1>

Children and **young people remain at low risk of COVID-19** mortality according to this Lancet article:

[https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00066-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00066-3/fulltext)

Well-structured German study shows overall, the SARS-CoV-2-associated burden of a severe disease course or death in children and adolescents is low. This seems particularly the case for 5-11-year-old children without comorbidities.

<https://www.medrxiv.org/content/10.1101/2021.11.30.21267048v1.full.pdf>

Last updated: 19 January 2022