Under no epidemiological scenario can the integration of Covid-19 (C-19) vaccines into national childhood immunization programs be scientifically justified….

Brazil Federal Senate/ Public hearing on mandatory Covid-19 vaccination for children;
Feb. 26th, 2024; Brasilia, Brazil

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Why do some public health authorities believe they should implement mandatory vaccination for children?

- There is no doubt that children can contract Covid-19 (C-19) disease!
- There is no doubt that more children are now experiencing symptoms of SARS-CoV-2 (SC-2) disease compared to the beginning of the C-19 pandemic
- There is no doubt that C-19 vaccinees are still largely protected from severe C-19 disease
- There is no doubt that the hospitalization and death rates in highly C-19 vaccinated countries are still lower than they were during the initial peak of the pandemic

Given the claim that C-19 vaccines are 'safe and effective’,why wouldn't C-19 vaccination be integrated into national childhood immunization programs?

Regulatory and public health (PH) authorities should verify the answers to the following questions:

- Is there any *serious* doubt about the safety and efficacy of the C-19 vaccines? https://www.sciencedirect.com/science/article/pii/S0264410X24001270?via%3Dihub: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10810638/pdf/cureus-0016-00000052876.pdf **YES**
- Is there any scientific rational to believe that the protective effect in C-19 vaccinees will be long-lasting and 'boostable' in highly C-19 vaccinated populations? **NO**
- Is there scientific rationale suggesting an epidemiological risk of immune pathology, including cancer, in highly C-19 vaccinated countries, and is this risk particularly pronounced in young children? **YES**
- Is there any scientific rational to believe that large-scale vaccination of children against SC-2 could benefit public health? **NO**

Is there any *serious* doubt about the safety and efficacy of the C-19 vaccines?

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COVID-19 mRNA Vaccines: Lessons Learned from the Registrational Trials and Global Vaccination Campaign

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Abstract

Our understanding of COVID-19 vaccinations and their impact on health and mortality has evolved substantially since the first vaccine rollouts. Published reports from the original randomized phase 3 trials concluded that the COVID-19 mRNA vaccines could greatly reduce COVID-19 symptoms. In the interim, problems with the methods, execution, and reporting of these pivotal trials have emerged. Re-analysis of the Pfizer trial data identified statistically significant increases in serious adverse events (SAEs) in the vaccine group. Numerous SAEs were identified following the Emergency Use Authorization (EUA), including death, cancer, cardiac events, and various autoimmune, hematological, reproductive, and neurological disorders. Furthermore, these products never underwent adequate safety and toxicological testing in accordance with previously established scientific standards. Among the other major topics addressed in this narrative review are the published analyses of serious harms to humans, quality control issues and process-related impurities, mechanisms underlying adverse events (AEs), the immunologic basis for vaccine inefficacy, and concerning mortality trends based on the registrational trial data. The risk-benefit imbalance substantiated by the evidence to date contraindicates further booster injections and suggests that, at a minimum, the mRNA injections should be removed from the childhood immunization program until proper safety and toxicological studies are conducted. Federal agency approval of the COVID-19 mRNA vaccines on a blanket-coverage population-wide basis had no support from an honest assessment of all relevant registrational data and commensurate consideration of risks versus benefits. Given the extensive, well-

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COVID-19 vaccines and adverse events of special interest: A multinational Global Vaccine Data Network (GVDN) cohort study of 99 million vaccinated individuals

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Is there any scientific rational to believe that the protective effect in C-19 vaccinees will be long-lasting and 'boostable' in highly C-19 vaccinated populations?

- Protection against (severe) C-19 disease ?

  Yes!! **BUT…….**

➢ protective immunity no longer induced by the vaccine itself but by breakthrough infections in C-19 vaccinees

- No training of the innate immune system
- 'New' adaptive immunity is neither specific nor durable!!

- Ag-**nonspecific** **virulence-inhibiting Abs** produced by B cells **w/o memory**
- Ag-**nonspecific** **cytotoxic T cells** **w/o memory**

Is there any scientific rational to believe that the protective effect in C-19 vaccinees will be long-lasting and 'boostable' in highly C-19 vaccinated populations? (cont'nd)

- Ag-nonspecific virulence-inhibiting Abs produced by B cells w/o memory
- Ag-nonspecific cytotoxic T cells w/o memory

➢ **None** of the 'new' S-targeted Abs **has long-lived neutralizing capacity**
➢ **None** of the 'new' S-targeted T cells **has long-lived cytotoxic capacity**

Possible updated vaccines (JN.1 clan) will not even be able to induce neutralizing Abs anymore!

Ab: Antibody
S: Spike protein

<u>Overall conclusion</u>:
C-19 vaccination and updated vaccine boosters will not durably protect children against Covid-19 disease

Is there scientific rational suggesting an epidemiological risk of immune pathology, including cancer, in highly C-19 vaccinated countries, and is this risk particularly pronounced in young children?

Variant-nonspecific (broadly neutralizing) Ab responses following vaccine breakthrough infection (VBTI) or mRNA vaccination are directed at more conserved, self-mimicking S-associated motifs. As prolonged exposure to certain autoantigens has been reported to trigger delayed maturation of IgM Abs into **IgG4 Abs**, BTIs in C-19 vaccinees, or mRNA vaccination, are likely responsible for an increased incidence in autoimmune diseases and cancer in highly C-19 vaccinated populations.

References:

- *The unique properties of IgG4 and its roles in health and disease*; https://www.nature.com/articles/s41577-023-00871-z
- *Class switch towards spike protein-specific IgG4 antibodies after SARS-CoV-2 mRNA vaccination depends on prior infection history* https://pubmed.ncbi.nlm.nih.gov/37574522/
- *The appearance of anti-spike receptor binding domain immunoglobulin G4 responses after repetitive immunization with messenger RNA-based COVID-19 vaccines* https://pubmed.ncbi.nlm.nih.gov/38029832/
- *Class switch toward noninflammatory, spike-specific IgG4 antibodies after repeated SARS-CoV-2 mRNA vaccination* https://www.science.org/doi/10.1126/sciimmunol.ade2798

Is there scientific rational suggesting an epidemiological risk of immune pathology, including cancer, in highly C-19 vaccinated countries, and is this risk particularly pronounced in young children?

(cont'nd)

Even though more (young) children may contract C-19 disease than at the start of the pandemic, they are largely protected against SC-2 (and several other glycosylated viruses causing acute self-limiting viral infection; ASLVI) by virtue of their natural IgM Abs

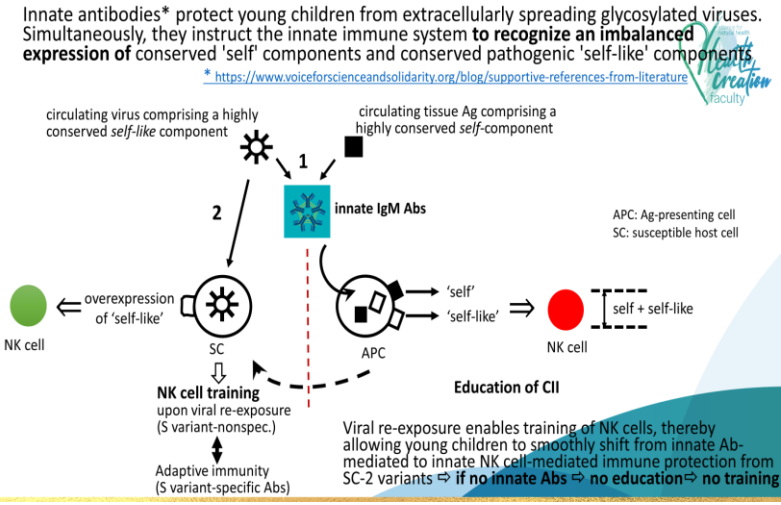
(https://www.voiceforscienceandsolidarity.org/blog/supportive-references-from-literature)

Is there scientific rational suggesting an epidemiological risk of immune pathology, including cancer, in highly C-19 vaccinated countries, and is this risk particularly pronounced in young children? (cont'nd)

- By binding to these viruses, natural IgM Abs play a critical role in teaching the child's immune system to *differentiate between* cell surface-expressed *'self'* components and pathologically '*altered self*' motifs:

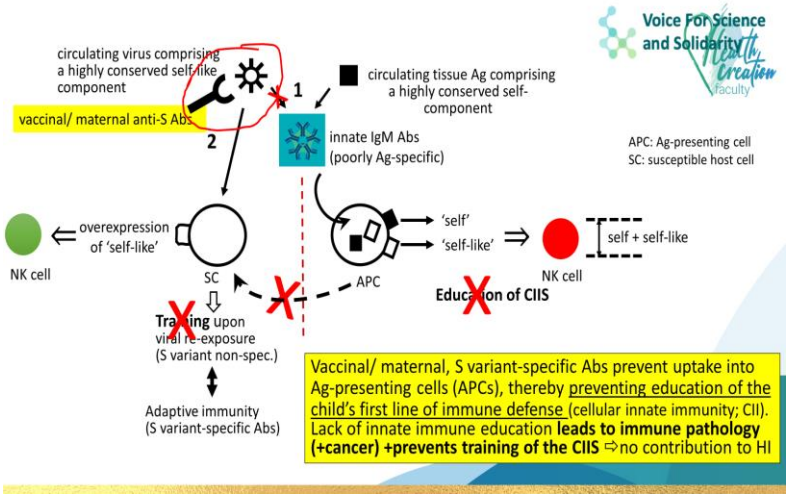
  - Natural Abs harness Natural Killer (NK) cells to target infected or otherwise pathologically altered host cells, sparing healthy cells!

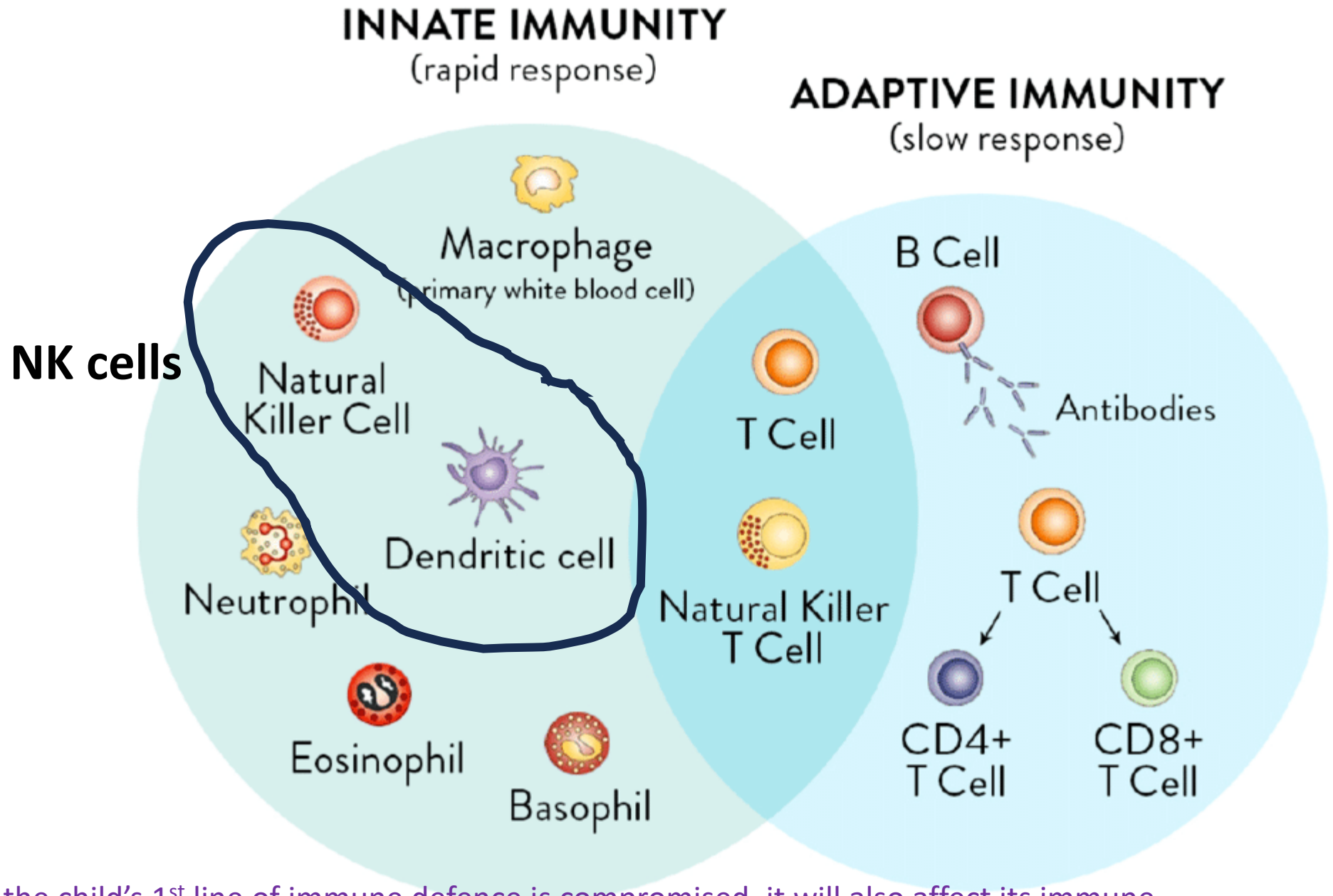
  - Repeated pathogen exposure allows training of NK cells



- However, high titers of vaccine-induced IgG Abs outcompete natural IgM Abs for binding to SC-2, thereby compromising the crucial teaching process of the child's innate immune system to distinguish 'self' from 'altered self'

  ⇨ <u>Impaired innate immune training and risk of autoimmunity and cancer</u>





Note: When the child's 1st line of immune defence is compromised, it will also affect its immune response towards other enveloped, glycosylated viruses (even if they are live attenuated!)

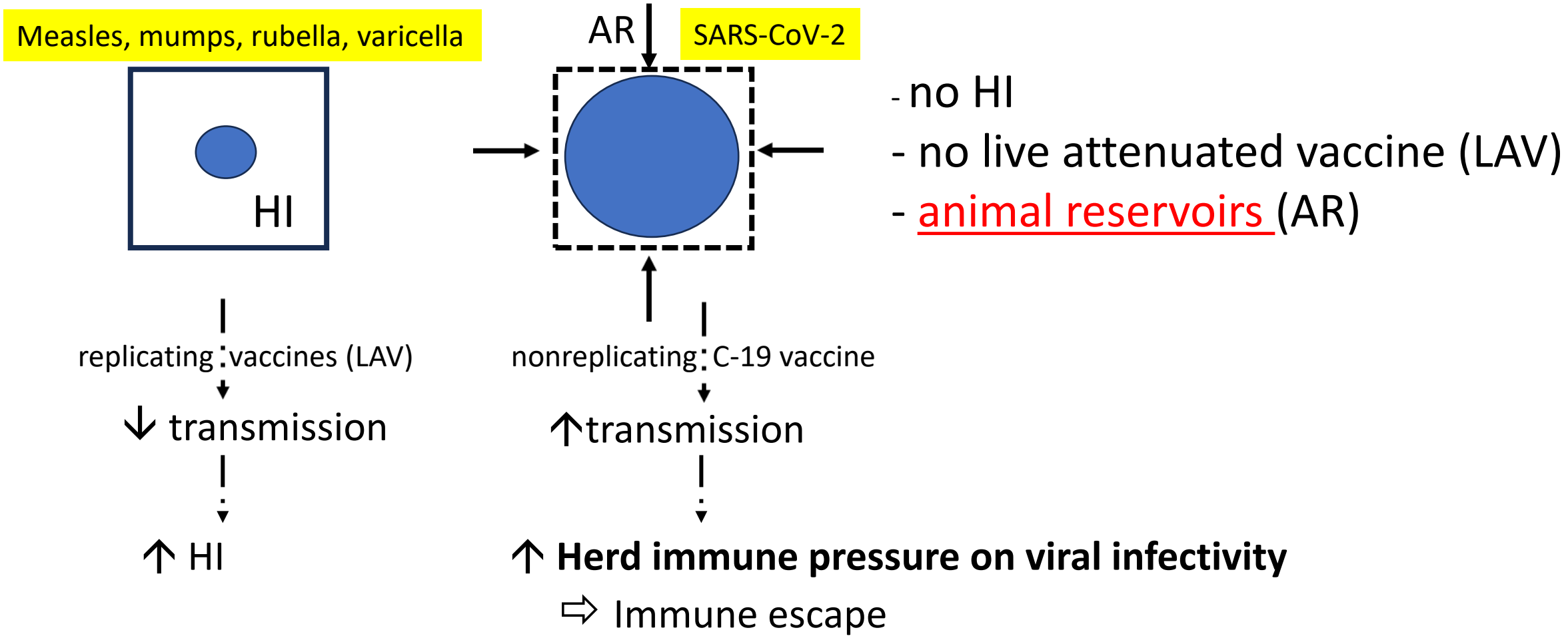
Is there any scientific rational to believe that large-scale vaccination of children against SC-2 could benefit public health?

- The public health objective of childhood vaccination against viral pathogens causing ASLVI is to fill up gaps in herd immunity (HI).
  HI controls viral transmission and is established as a result of a combined effect of innate and adaptive immunity.
- When is vaccinating children against an ASLVI justified?
  - ➢ If immunologically naïve children are the major cause of gaps in HI
    ↔ C-19 mass vaccination during a pandemic is major cause of (huge) gap in HI in highly C-19 vaccinated countries
  - ➢ If vaccination stimulates both innate and adaptive immune cells (live att. vaccines)
    ↔ C-19 vaccines are non-replicating and compromise the trainability of NK cells, a key component of the host's 1st line of immune defense
  - ➢ If there are no reservoirs from which the virus spills back over to humans
    ↔ Several wildlife species serve as animal reservoirs for SC-2
  - ➢ If vaccination does not increase the rate of asymptomatic transmission
    ↔ C-19 vaccination promotes asymptomatic viral transmission

Which viruses causing ASLV infection in children pose an epidemic threat and are unable to utilize animal reservoirs for transmission/infection?

- Measles, Mumps, Rubella, Varicella, Rotavirus (M, M, R, V, Ro)
- There is therefore a scientific rational for national immunization programs using live attenuated vaccines targeted at typical childhood diseases caused by these viruses
- Immunization of immunologically naive children in populations where these viruses pose an epidemic risk prevents epidemics of severe disease by filling the gap in herd immunity.

The incorporation of C-19 (or Flu) vaccination in national childhood vaccination programs cannot be justified from a public health perspective



Anticipated impact of C-19 childhood vaccination in a nutshell…

- Impact on PH: ☹
- Impact on individual health: ☹ ☹

No durable protection from Covid-19

Immune pathology

Mutation Trajectory of Omicron SARS-CoV-2 Virus

(Konishi, T.; Takahashi, T). https://doi.org/10.20944/preprints202402.1283.v1; 22 Feb 2024

- SARS-Cov-2 mutates so quickly that primers for PCR to detect it are oftentimes disabled [10].
- Additionally, mRNA vaccines, which were initially effective, quickly lost their efficacy [14].
- The rapid and continuous mutations observed especially in the S protein (Figure 2A) show that it is impractical to target the protein that mutates at such a fast pace for detection or immune response purposes.
- There are health concerns associated with repeated vaccinations [18-20], and this has been confirmed by an increase in IgG4 [21-23]

In summary…..

- No single C-19 childhood immunization program will durably protect children from (severe) C-19 disease. In contrast, vaccination of young children poses a risk of eliciting immune pathology, including cancer, and could potentially compromise the 'trainability' of the child's first line of immune defence.

  ⇨C-19 vaccines (or Flu vaccines, for that matter) have no place in national childhood immunization programs, now or in the future.

- As a result, implementing national childhood immunization programs for viruses causing ASLVI in children is only warranted when these viruses present an **epidemic risk** in the context of herd immunity, with **no animal reservoir** present, and utilizing **replication-competent vaccines**

LAST BUT NOT LEAST……

We need *mandates for scientific debate* instead of mandates for C-19 childhood vaccination!

- Those who blindly follow the advice from so-called ‘scientific experts’ mandating C-19 childhood vaccination should first verify the level of knowledge of immunology and vaccinology of these experts and, even more importantly, whether they have a conflict of interest!
- The consequences of vaccination are irreversible! You can detoxify, but not ‘de-prime’!
- Politicians and PH authorities will be accountable to the parents if our concerns materialize (and there are many!).
- No other country imposes an obligation to vaccinate children with C-19 vaccines. Those who do so will therefore have to take into account that they stand alone and will not find support for their decisions in case children suffer harmful consequences from a vaccination that cannot be scientifically justified in any way.