

Vaccines are irreversible: We urge you to weigh up the risks v the benefits before receiving a COVID-19 vaccine.

INDIVIDUAL RISK FROM SARS-CoV-2/COVID-19

There is good scientific data showing that **the risk of dying from COVID-19 is directly comparable to seasonal influenza** in most age groupsⁱ, and **significantly lower than influenza in children**

The latest estimate of average population Infection Fatality Rate (IFR) for SARS-CoV-2 is 0.23% (0.05% for <70 years) which is around **the same level as seasonal influenza** (0.1-0.3%)ⁱⁱ

The IFR in younger age groups (<45 years) is **significantly below 0.23%**, (0.0-0.15) as seen in Table 2 of a recently published report from Imperial Collegeⁱⁱⁱ

More information and studies can be found at www.ukmedfreedom.org

In the UK, the average age of death 'WITH', not necessarily 'OF', COVID-19 is **82.4 years**, higher than the age of normal life expectancy (81.1 years old)^{iv}

Those individuals at highest risk of death from COVID-19 have on **average 2.9 significant co-morbidities**^v

LIMITED COVID-19 VACCINE SAFETY DATA

None of the COVID-19 vaccines have completed their Phase 3 trials so are still essentially experimental. There has never been a coronavirus vaccine before.

A vaccine takes on average 10 years from concept to market^{vi}

COVID-19 vaccines have been trialled for less than a year and many are using completely new technologies (mRNA vaccines). There is limited short-term safety data and NO long-term safety data available on any of the Covid-19 vaccines.

Late-onset adverse effects may take many months or years to become apparent^{vii} e.g. autoimmune disease, cancers or infertility.

Explaining why the vaccine companies have demanded and been granted immunity from liability for harm or death caused by the Covid-19 vaccines, an Astra Zeneca senior executive was quoted, "This is a unique situation where we as a company simply cannot take the risk if in 4 years' time the vaccine is showing side effects"^{viii}

Previous attempts to develop a coronavirus vaccine failed due to "**Antibody-Dependent Enhanced Immunity (ADEI)**", which causes more severe illness and even death in the vaccinated when they are subsequently exposed to the wild virus. ADEI has not been ruled out in Covid-19 vaccines as animal trials have been limited or skipped and there is not enough long-term data on the human participants to exclude this possibility.^{ix}

Concerns have been raised about potential cross-reactivity of vaccine-induced antibodies to the virus spike protein with the placental protein syncytin-1, which **could cause infertility**^x

The Medicines & Healthcare products Regulatory Agency (MHRA) recently published a tender for a system to record the "**expected high volume of Covid-19 vaccine Adverse Drug Reactions (ADRs)**"^{xi}

There is NO data to date on potential interaction of COVID-19 vaccines with other vaccines

UKMFA will be publishing information leaflets for each vaccine on our website www.ukmedfreedom.org.

AUTHORISATION & LIABILITIES

In September 2020, the UK Government published new legislation in the document "Changes to Human Medicine Regulations to support the rollout of COVID-19 vaccines"^{xii} which means:

- The UK vaccine regulator (MHRA) can authorise **the roll-out of unlicensed Covid-19 vaccines**

- **No liability for harms caused by the vaccine for any company or medical staff** involved in the creation and administration of Covid-19 vaccines (unless it is deemed defective or shown to be less well tolerated or to have more significant side effects than other equivalent medicines).

WHAT THE VACCINES ARE, AND ARE NOT, EFFECTIVE FOR

95% efficacy claims for the vaccines are based on comparing the number of symptomatic individuals with a positive Covid-19 PCR result within weeks of receiving either the vaccine or a placebo. The numbers of positive “cases” in each trial were under 200. The proportion of “cases” in the placebo group and vaccine group was used to calculate “efficacy”. The trials are only investigating whether the vaccine reduces mild symptoms and therefore **CANNOT ANSWER**:

- ? **Will the vaccine save lives?**
- ? **Will the vaccine reduce severe illness or hospital admissions?**
- ? **Will the vaccine prevent transmission of the virus?**
- ? Will the vaccine be effective in individuals classed as vulnerable (who will be prioritised when the vaccine is rolled out)?
- ? How long will vaccine-induced immunity last?
- ? **Is the vaccine safe and effective for children, adolescents and immune-compromised individuals?** (*excluded from trials*)
- ? Is the vaccine safe for people with autoimmune diseases, pregnancy, smokers, a history of seizures or any respiratory problems themselves or in their family? (*excluded from trials*)

ⁱ <https://www.bmj.com/content/371/bmj.m4509/rr>

ⁱⁱ https://www.who.int/bulletin/online_first/BLT.20.265892.pdf?utm_medium=email&utm_source=CampaignMonitor_Editorial&utm_campaign=LNCH%20%2020201016%20%20House%20Ads%20%20SM+CID_67ee9eb414f5b55517be202ffd3379bd

ⁱⁱⁱ <https://spiral.imperial.ac.uk:8443/handle/10044/1/83545?fbclid=IwAR1552TA-za-UmzVYxzBPsbUMjV1rYI2FEhqbzLRoWTYwjs78lfvdvwtg>

^{iv} <https://www.thesun.co.uk/news/12886370/average-age-covid-death-82-4-years-shield-vulnerable/>

^v https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities

See two recent BMJ editorials^{xiii} on what the trials are (and are not) assessing.

Number Needed To Vaccinate (NNTV) to prevent one case of COVID-19 is **256**. The remaining 255 individuals derive no benefit but are subject to the adverse effects.^{xiv}

PLEASE DO YOUR OWN RESEARCH

For further information about Covid-19 vaccines you can go to:

- www.medicines.org.uk for the full manufacturers’ package insert for professionals (SmPC); not the simplified Patient Leaflet.
- UKMFA have published a Covid-19 Vaccine Consent Form to help support discussions [between the patient and administering health professional](#) about the benefits and risks of a Covid-19 vaccine, to protect both parties in this process www.ukmedfreedom.org/resources/vaccine-documents
- For more information about Medical Freedom, Informed Consent and Covid-19 vaccines, please visit our website www.ukmedfreedom.org

You must not rely on the information on our website as an alternative to medical advice from your doctor or other professional healthcare provider and if you have any specific questions about any medical matter, you should consult your doctor or other professional healthcare provider.

^{vi} <https://www.weforum.org/agenda/2020/06/vaccine-development-barriers-coronavirus/>

^{vii} <https://www.bmj.com/content/370/bmj.m3096/rr>

^{viii} <https://www.reuters.com/article/us-astrazeneca-results-vaccine-liability-idUSKCN24V2EN>

^{ix} <https://pubmed.ncbi.nlm.nih.gov/32908214/> and <https://onlinelibrary.wiley.com/doi/10.1111/iicp.13795>

^x <https://2020news.de/en/dr-wodarg-and-dr-yeardon-request-a-stop-of-all-corona-vaccination-studies-and-call-for-co-signing-the-petition/>

^{xi} <https://ted.europa.eu/udl?uri=TED:NOTICE:506291-2020:TEXT:EN:HTML&src=0>



COVID-19 VACCINES - PATIENT INFORMATION LEAFLET

^{xii} <https://www.gov.uk/government/consultations/distributing-vaccines-and-treatments-for-covid-19-and-flu/outcome/government-response-consultation-on-changes-to-the-human-medicines-regulations-to-support-the-rollout-of-covid-19-vaccines>

^{xiii} <https://blogs.bmj.com/bmj/2020/11/26/peter-doshi-pfizer-and-modernas-95-effective-vaccines-lets-be-cautious-and-first-see-the-full-data/> and <https://www.bmj.com/content/371/bmj.m4037>

^{xiv} <https://www.bmj.com/content/371/bmj.m4347/rr-4>