



13 reasons why you should not allow your Baby or Toddler to be given the Covid-19 Vaccine

Description



USA: The U.S. Food & Drug Administration (FDA) has questionably authorised emergency use of both the Pfizer and Moderna mRNA Covid-19 injections for use among children aged 6 months and above.

Here are 13 reasons why not a single teenager or child, let alone a 6-month-old baby should be given the Covid-19 vaccine.

Reason No. 1

86% of Children suffered an Adverse Reaction to the Pfizer Covid-19 Vaccine in the Clinical Trial

The information is publicly available and contained within a US Food & Drug Administration (FDA) fact sheet which can be viewed [here](#) (see page 25, table 5 on-wards).

That fact sheet contains two tables that detail the alarming rate of side effects and damage experienced by 12 – 15- year-old children who were given at least one dose of the Pfizer mRNA injection.

The tables shows that 1,127 children were given one dose of the mRNA jab, but only 1,097 children received the second dose. This fact in itself raises questions as to why 30 children did not receive a second dose of the Pfizer jab.

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.

Table 5: Study 2 – Frequency and Percentages of Adolescents With Solicited Local Reactions, by Maximum Severity, Within 7 Days After Each Dose – Adolescents 12 Through 15 Years of Age – Safety Population*

	Pfizer-BioNTech COVID-19 Vaccine Dose 1 N^a=1127 n^b (%)	Placebo Dose 1 N^a=1127 n^b (%)	Pfizer-BioNTech COVID-19 Vaccine Dose 2 N^a=1097 n^b (%)	Placebo Dose 2 N^a=1078 n^b (%)
Redness^c				
Any (>2 cm)	65 (5.8)	12 (1.1)	55 (5.0)	10 (0.9)
Mild	44 (3.9)	11 (1.0)	29 (2.6)	8 (0.7)
Moderate	20 (1.8)	1 (0.1)	26 (2.4)	2 (0.2)
Severe	1 (0.1)	0 (0.0)	0 (0.0)	0 (0.0)
Swelling^c				
Any (>2 cm)	78 (6.9)	11 (1.0)	54 (4.9)	6 (0.6)
Mild	55 (4.9)	9 (0.8)	36 (3.3)	4 (0.4)
Moderate	23 (2.0)	2 (0.2)	18 (1.6)	2 (0.2)
Severe	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Pain at the injection site^d				
Any	971 (86.2)	263 (23.3)	866 (78.9)	193 (17.9)
Mild	467 (41.4)	227 (20.1)	466 (42.5)	164 (15.2)
Moderate	493 (43.7)	36 (3.2)	393 (35.8)	29 (2.7)
Severe	11 (1.0)	0 (0.0)	7 (0.6)	0 (0.0)

Note: Reactions were collected in the electronic diary (e-diary) from Day 1 to Day 7 after vaccination.

a. N = Number of participants reporting at least 1 yes or no response for the specified reaction after the specified dose.

b. n = Number of participants with the specified reaction.

c. Mild: >2.0 to ≤5.0 cm; Moderate: >5.0 to ≤10.0 cm; Severe: >10.0 cm.

d. Mild: does not interfere with activity; Moderate: interferes with activity; Severe: prevents daily activity.

* Randomized participants in the safety analysis population who received at least 1 dose of the study intervention.

Reason No. 2

1 in 9 Children suffered a Severe Adverse Reaction leaving them unable to perform daily activities in the Pfizer Clinical Trial

For children 12 to 15 years of age, the Pfizer Covid-19 vaccine clinical trial found the overall incidence of severe adverse events which left them unable to perform daily activities, during the two-month observation period to be 10.7%, or 1 in 9, in the vaccinated group and 1.9% in the unvaccinated 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.

This information is all freely available to see in official [Food and Drug Administration \(FDA\) documents](#) and official [Centre for Disease Control \(CDC\) documents](#).

Outcome 7: Reactogenicity^a, Severe (Grade ≥3) Studies with Unvaccinated Comparator (n=1)

Study/population	Events/Vaccine (n/N)	% Vaccine	Events/Placebo (n/N)	% Placebo
Pfizer/BioNTech, unpublished	121/1131	10.7	22/1129	1.9

a. Reactogenicity outcome includes local and systemic events, grade ≥3. Grade 3: prevents daily routine activity. Grade 4: requires emergency room visit or hospitalization. One participant in the vaccine group reported grade 4 pyrexia (40.4 °C).

Reason No. 3

Just 9 deaths associated with Covid-19 have occurred in Children since March 2020

Official NHS data which can be viewed [here](#) (see Table 3 – COVID-19 deaths by age group and pre-existing condition of the downloadable excel document) shows that since March 2020 just 9 people under the age of 19 have died with Covid-19 who had no known pre-existing conditions in England's hospitals, up to the 26th August 2021. The data also shows that just 39 people under the age of 19 have died with Covid-19 in the same time frame who did have other serious underlying conditions.

There are [approximately 15.6 million people aged 19 and under](#) in the United Kingdom which means just 1 in every 410,526 children and teenagers have allegedly died with Covid-19 in 18 months who had other serious pre-existing conditions. Whilst just 1 in every 1.7 million children have allegedly died with Covid-19 in 18 months, who had no know pre-existing conditions.

Title: COVID-19 deaths by age group and pre-existing condition

Summary: This file contains information on the deaths of patients who have died in hospitals in England and have tested positive for Covid-19.

Period: All data up to 4pm 25 August 2021

Source: COVID-19 Patient Notification System

Basis: Provider

Published: 26 August 2021

Revised: -

Status: Published

Contact: england.covid19dailydeaths@nhs.net

Breakdown by pre existing condition

Age group	Pre existing condition			Total
	Yes	No	Unknown presence of pre-existing condition	
Total	86,315	3,832	0	90,147
0 - 19 yrs	39	9	0	48
20 - 39	595	108	0	703
40 - 59	6,002	691	0	6,693
60 - 79	32,992	1,594	0	34,586
80+	46,687	1,429	0	48,116
Unknown age	0	1	0	1

A scientific study titled 'Deaths in Children and Young People in England following SARS-CoV-2 infection during the first pandemic year: a national study using linked mandatory child death reporting data' (*which can be found [here](#)*), conducted by Clare Smith of NHS England and Improvement and several Universities also concluded that children are at negligible risk of death, hospitalisation, or serious illness due to the alleged Covid-19 virus.

The study collated data from the National Child Mortality Database; a mandatory system that records all deaths in Children under 18 years of age in England. What the researchers found is that just 25 children under the age of 18 died of Covid-19 between March 2020 and February 2021, with 15 of the 25 having a pre-existing life-limiting condition, and 19 of the 25 having a chronic condition.

All deaths March 2020 - February 2021 (n=3105)								
All deaths		Reference Population (n=3080)				Died of COVID-19/PIMS-TS (n=25)		Comparison of frequencies*
		All causes (n=3044)		Incidental positive SARS-CoV-2 test at death(n=36)				
		Number	Percentage	Number	Percentage			
Life-limiting condition	Yes	974	32.0%	14	38.9%	15	60.0%	0.005
	No	2027	66.6%	22	61.1%	10	40.0%	
Chronic condition	Yes	2238	73.5%	29	80.6%	19	76.0%	0.6
	No	716	23.5%	7	19.4%	6	24.0%	

The study also found that 16 of the 25 children who sadly died had two or more comorbidities with 8 children suffering pre-existing neurological and respiratory problems, 3 children suffering pre-existing neurological and cardiology problems, and 3 children suffering respiratory and cardiology problems.

		Reference Population (n=3080)		Incidental positive SARS-CoV-2 test at death(n=36)		Died of COVID-19/PIMS-TS (n=25)		Comparison of frequencies*
		All causes (n=3044)						
		Number	Percentage	Number	Percentage	Number	Percentage	p
Number of comorbidities	0	716	23.5%	13	21.3%	6	24.0%	0.14
	1	906	29.8%	7	11.5%	3	12.0%	
	2 or more	1332	43.8%	41	67.2%	16	64.0%	
	Unknown	90	3.0%	0	0.0%	0	0.0%	
	Total	3044	100.0%	61	100.0%	25	100.0%	-
Comorbidity combinations	Neurological & Respiratory	318	10.4%	17	27.9%	8	32.0%	<0.001
	Neurological & Cardiology	559	18.4%	15	24.6%	3	12.0%	0.61
	Respiratory & Cardiology	270	8.9%	12	19.7%	3	12.0%	0.49
Single diagnoses	Asthma**	58	1.9%	5	8.2%	3	12.0%	0.02

Reason No. 4

The risk of Children developing serious illness due to Covid-19 is extremely low

A study ([found here](#)) led by Professor Russell Viner of UCL Great Ormond Street Institute of Child Health, published on the *medRxiv* server, found that 251 young people aged under 18 in England were admitted to intensive care with Covid-19 during the first year of the pandemic (until the end of February 2021).

The results of the study found that there were 5,830 admissions associated with Covid-19 among children up to 17 years of age during the pandemic year, this represents just 1.3% of secondary care admissions among children.

The lead author of the study said: "These new studies show that the risks of severe illness or death from SARS-CoV-2 are extremely low in children and young people".

Discussion

We found very few CYP admitted to hospital in England due to COVID-19 or PIMS-TS went on to develop severe disease or die. Of the 12.02 million 0-17 year olds in England during 2020, 1 in 2062 (n= 5830) were admitted to hospital due to COVID-19, and 1 in 47,903 (n=251) were admitted to PICU. This represents only 1.3% of all secondary care admissions in the pandemic year and less than 5% of non-traumatic emergency PICU admissions. Eight of these CYP died. For PIMS-TS, 1 in 17,425 (n=690) of CYP in England were admitted to hospital, 1 in 38,911 (n=309) were admitted to PICU, and < 5 children died. This likely represents all PIMS-TS cases nationally over the study period, as the vast majority will have required hospitalisation.

Reason No. 5

The Pfizer Covid-19 Vaccine is experimental and still in Clinical Trials

The Pfizer mRNA Covid-19 injection is in fact only temporarily authorised ([see official MHRA document here](#)) for emergency use only. In October the government made changes to the Human Medicines Regulations 2012 to allow the MHRA to grant temporary authorisation of a Covid-19 vaccine without needing to wait for the EMA.

A temporary use authorisation is valid for one year only and requires the pharmaceutical companies to complete specific obligations, such as ongoing or new studies. Once comprehensive data on the product have been obtained, standard marketing authorisation can be granted. This means that the manufacturer of the vaccine cannot be held liable for any injury or death that occurs due to their vaccine, unless it was due to a quality control issue.



Vaccine BNT162b2 – CONDITIONS OF AUTHORISATION UNDER REGULATION 174
2 December 2020, amended on 30 December 2020, 28 January 2021, 30 March 2021, 19
May 2021, 04 June 2021, 29 July 2021, 09 September 2021

This authorisation under Regulation 174 of the Human Medicine Regulations 2012 (as amended) is subject to a number of conditions attached under regulation 174A(1) to all the entities involved in the manufacture and supply of this product across the medicines supply chain.

General

- This temporary Authorisation under Regulation 174 permits the supply of identified COVID-19 mRNA Vaccine BNT162b2 batches, based on the safety, quality and efficacy data submitted by Pfizer/BioNTech to MHRA in the period from 1 October to 2 December 2020;
- This authorisation is not a marketing authorisation;

The reason the Pfizer mRNA Covid-19 injection has only been granted temporary authorisation is because it is still in clinical trials that are not set to conclude until May 2nd 2023. You can see the official Clinical Trial Study Tracker for the Pfizer jab on the US National Library of Medicine site [here](#).

Sponsor:

BioNTech SE

Collaborator:

Pfizer

Information provided by (Responsible Party):

BioNTech SE

[Study Details](#)

[Tabular View](#)

[No Results Posted](#)

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[How to Read a Study Record](#)

Tracking Information

First Submitted Date ICMJE	April 27, 2020
First Posted Date ICMJE	April 30, 2020
Last Update Posted Date	August 26, 2021
Actual Study Start Date ICMJE	April 29, 2020
Estimated Primary Completion Date	May 2, 2023 (Final data collection date for primary outcome measure)

This is the first time mRNA injections have ever been authorised for use in humans, and the long term side effects are not known, meaning the millions of people around the world who have had the Pfizer Covid-19 injection are essentially taking part in an experiment.

Reason No. 6

Three Scientific Studies conducted by the UK Government, Oxford University, & CDC, which were published in August have found the Covid-19 Vaccines do not work

New research in multiple settings shows that the alleged Delta Covid-19 variant, the now dominant variant in the UK, produces very high viral loads which are just as high in the vaccinated population compared to the unvaccinated population. Therefore, vaccinating individuals does not stop or even slow the spread of the alleged dominant Delta Covid-19 variant.

CDC Study

The CDC study (*found [here](#)*) focused on 469 cases among Massachusetts residents who attended indoor and outdoor public gatherings over a two week period. The results found that 346 of the cases were among vaccinated residents with 74% of them presenting with alleged Covid-19 symptoms, and 1.2% being hospitalised. However, the remaining 123 cases were among the unvaccinated population with just 1 person being hospitalised (0.8%).

Oxford University Study

The Oxford University study (*found [here](#)*) examined 900 hospital staff members in Vietnam who had been vaccinated with the Oxford / AstraZeneca viral vector injection between March and April 2021. The entire hospital staff tested negative for the Covid-19 virus in mid May 2021 however, the first case among the vaccinated staff members was discovered on June 11th.

All 900 hospital staff were then retested for the Covid-19 virus and 52 additional cases were identified immediately, forcing the hospital into lockdown. Over the next two weeks, 16 additional cases were identified.

The study found that 76% of the Covid-19 positive staff developed respiratory symptoms, with 3 staff members developing pneumonia and one staff member requiring three days of oxygen therapy. Peak viral loads among the fully vaccinated infected group were found to be 251 times higher than peak viral loads found among the staff in March – April 2020 when they were not vaccinated.

UK Department of Health & Social Care Study

The UK Department of Health & Social Care study (*found [here](#)*) is an analysis of ongoing population wide SARS-CoV-2 monitoring in the UK and includes measures of viral load among the population.

The study found that viral loads among the vaccinated and unvaccinated population are virtually the same, and much higher than had been recorded prior to the Covid-19 injection roll-out. The study also found that the majority of cases among the vaccinated population were presenting with symptoms

when they became positive.

The authors of the study conclude that the Pfizer and Oxford / AstraZeneca injection have lost efficacy against what they claim to be the Delta Covid-19 variant.

Reason No. 7

Public Health England Data shows the majority of Covid-19 Deaths are among the Vaccinated and suggests that the Vaccines worsen disease

A report titled '[SARS-CoV-2 variants of concern and variants under investigation in England](#)' (found [here](#) – see Table 5 Page 21), is the 22nd technical briefing on alleged variants of concern in the United Kingdom published by Public Health England.

From February 1st 2021 up to August 29th 2021 nearly twice as many unvaccinated people account for confirmed cases of Covid-19 than those who are fully vaccinated.

However when you include the number to have received one dose of a Covid-19 injection the number of cases among the vaccinated group (222,693) actually surpasses the number that have been recorded among the unvaccinated population.

Table 5. Attendance to emergency care and deaths of sequenced and genotyped Delta cases in England by vaccination status (1 February 2021 to 29 August 2021)

Variant	Age group (years)**	Total	Cases with specimen date in past 28 days	Unlinked	<21 days post dose 1	≥21 days post dose 1	≥14 days post dose 2	Unvaccinated
Delta cases	All cases	492,528	144,067	50,119	27,993	80,877	113,823	219,716

The total number of deaths to have occurred since February 2021 involving the Delta Covid-19 variant that have been linked to vaccination status total 1,698. Of these just 30% have been among the unvaccinated population, despite the fact most second vaccinations were administered between April and June.

Whereas the fully vaccinated account for 64.25% of Covid-19 deaths since February 2021, and when including the partly vaccinated in those numbers they account for 70%.

Table 5. Attendance to emergency care and deaths of sequenced and genotyped Delta cases in England by vaccination status (1 February 2021 to 29 August 2021)

Variant	Age group (years)**	Total	Cases with specimen date in past 28 days	Unlinked	<21 days post dose 1	≥21 days post dose 1	≥14 days post dose 2	Unvaccinated
Deaths within 28 days of positive specimen date	All cases	1,798	N/A	29	16	126	1,091	536

The data published by Public Health England actually suggests that the risk of death increases

significantly in those who have been fully vaccinated.

536 deaths have occurred among 219,716 confirmed cases in the unvaccinated population since February. This is a case fatality rate of 0.2%. Whereas 1,091 deaths have occurred among 113,823 cases among the fully vaccinated population. This is a case fatality rate of 1%.

This means the Covid-19 injections seem to be increasing the risk of death due to Covid-19 by 400% rather than reducing the risk of death by 95% as claimed by the vaccine manufacturers, Public Health bodies, and the Government.

Reason No. 8

There have been at least 1.18 million Adverse Reactions to the Covid-19 Vaccines in the UK alone

The thirty-second report highlighting adverse reactions to the Pfizer / BioNTech, Oxford / AstraZeneca, and Moderna Covid-19 injections that have been reported to the UK Medicine Regulator's (MHRA) Yellow Card scheme reveals that there have been 1,186,844 adverse reactions reported since the 9th December 2020 up to the 1st September 2021.

The reports for each available vaccine can be found [here](#) under the analysis print section and include adverse reactions such as blindness, seizure, stroke, paralysis, cardiac arrest and many other serious ailments.

The Pfizer mRNA injections has left at least 107 people fully paralysed and a number of other people partly paralysed up to the 1st September 2021. However, the MHRA state that an estimated 10% of adverse reactions are actually reported to the Yellow Card scheme, meaning the true figure of adverse reactions is immensely higher.

<i>Paralysis and paresis (excl cranial nerve)</i>		
Diplegia	11	0
Hemiparesis	38	0
Hemiplegia	34	0
Locked-in syndrome	1	0
Monoparesis	46	0
Monoplegia	60	0
Paralysis	107	0
Paraparesis	3	0
Paresis	6	0
Quadriparesis	1	0
Quadriplegia	1	0

Reason No. 9

There have been more deaths in 8 months due to the Covid-19 Vaccines than there have been due to all other available Vaccines since the year 2001

The UK Medicine Regulator responded to a Freedom of Information (*found [here](#)*) request demanding to know how many deaths have occurred in the past 20 years due to all vaccines, and their response revealed that there have been four times as many deaths in just eight months due to the Covid-19 injections.

The request was made via email to the Medicine and Healthcare product Regulatory Agency (MHRA) on the 6th August 2021, and in answer to the question asked on the number of deaths due to all other vaccines in the past twenty years, the MHRA revealed that they had received a total of 404 reported adverse reactions to all available vaccines (excluding the Covid-19 injections) associated with a fatal outcome between the 1st January 2001 and the 25th August 2021 – a time frame of 20 years and 8 months.

The MHRA has received a total of 404 UK spontaneous suspected ADR reports for any vaccine between 01/01/2001 – 25/08/2021 associated with a fatal outcome. Please note this number excludes reports received for the COVID-19 vaccines as further information is provided on these vaccines in the weekly summary of Yellow Card reporting which can be found via the link referenced above.

However, according to the MHRA Yellow Card Report (see [here](#) – *under each analysis print section*) there have been 1,632 deaths reported as adverse reactions to the Covid-19 vaccines from December 9th 2020 up to September 1st 2021. This includes 16 deaths due to the Moderna jab, 24 deaths where the brand of vaccine was unspecified, 1,064 deaths due to the AstraZeneca vaccine, and 524 deaths due to the Pfizer mRNA injection.

Case Series Drug Analysis Print		
Name: COVID-19 mRNA Pfizer-BioNTech Vaccine Analysis Print		
Report Run Date: 03-Sep-2021	Data Lock Date: 01-Sep-2021 18:30:03	
Earliest Reaction Date: 13-Apr-1968	MedDRA Version: MedDRA 24.0	
Reaction Name	Total	Fatal
Vascular disorders Vascular disorders cont'd		
Vascular hypertensive disorders NEC		
Diastolic hypertension	2	0
Essential hypertension	3	0
Hypertension	459	1
Labile hypertension	1	0
Orthostatic hypertension	1	0
Secondary hypertension	1	0
Systolic hypertension	5	0
White coat hypertension	1	0
Vascular hypotensive disorders		
Hypotension	323	0
Orthostatic hypotension	28	0
Vasculitides NEC		
Behcet's syndrome	4	0
Diffuse vasculitis	1	0
Granulomatosis with polyangiitis	1	0
MAGIC syndrome	1	0
Thromboangiitis obliterans	1	0
Vasculitis	41	0
Vena caval embolism and thrombosis		
Vena cava embolism	1	0
Vena cava thrombosis	1	0
Vascular disorders SOC TOTAL	5055	13
TOTAL REACTIONS FOR DRUG	314700	524
TOTAL REPORTS	111317	
TOTAL FATAL OUTCOME REPORTS		524

Reason No. 10

The risk of Myocarditis (Heart Inflammation) in Children due to the Pfizer Vaccine Myocarditis is inflammation of the heart muscle, whilst Pericarditis is inflammation of the protective sacs surrounding the heart. Both are serious conditions due to the fact the heart muscle cannot regenerate, and both conditions have officially been added to the safety labels of the Pfizer jab and Moderna jab by the MHRA (see [here](#)).

These reports have also been analysed by the Government's independent advisory body, the Commission on Human Medicines (CHM) and its COVID-19 Vaccines Benefit Risk Expert Working Group. Following their advice, the product information for the Moderna and Pfizer/BioNTech vaccines have been updated to inform of these cases and advise healthcare professionals and patients to be aware of important symptoms for myocarditis and pericarditis.

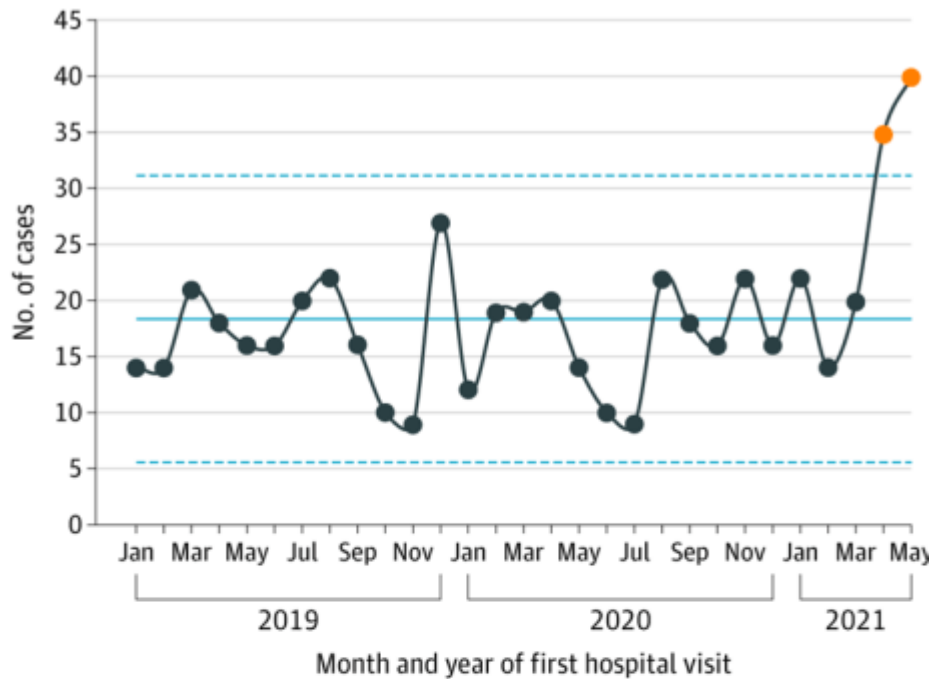
Myocarditis and pericarditis happen very rarely in the general (unvaccinated) population, and it is estimated that in the UK there are about 6 new cases of myocarditis per 100,000 patients per year and about 10 new cases of pericarditis per 100,000 patients per year.

The MHRA has undertaken a thorough review of both UK and international reports of myocarditis and pericarditis following vaccination against Covid-19 due to a recent increase in reporting of these events in particular with the Pfizer/BioNTech and Moderna vaccines, with a consistent pattern of cases

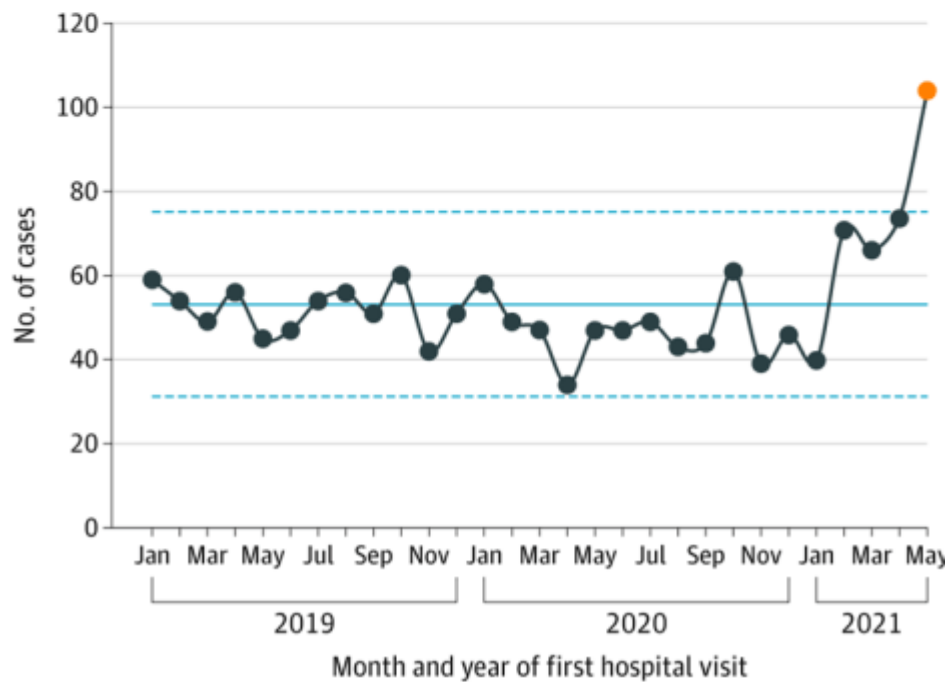
occurring more frequently in young males.

A Scientific Study published on the JAMA network, has also found that the incidence of myocarditis among vaccinated individuals is at least double what Health Authorities are claiming.

A Incident cases of myocarditis



B Incident cases of pericarditis



The new JAMA study ([found here](#)) showed a similar pattern to a CDC study ([found here](#)), although at

higher incidence of myocarditis and pericarditis after vaccination, suggesting vaccine adverse event under-reporting.

The [researchers calculated](#) the average monthly number of cases of myocarditis or pericarditis during the pre-vaccine period of January 2019 through January 2021 was 16.9 compared with 27.3 during the vaccine period of February through May 2021.

The mean numbers of pericarditis cases during the same periods were 49.1 and 78.8.

Dr. George Diaz who conducted the study told Medscape that “Our study resulted in higher numbers of cases probably because we searched the EMR, and [also because] VAERS requires doctors to report suspected cases voluntarily,” Diaz [told Medscape](#). Also, in the governments’ statistics, pericarditis and myocarditis were “lumped together”.

Reason No. 11

Children have died and are dying due to the Covid-19 Vaccines

The US Vaccine Adverse Event Reporting System (VAERS), which can be searched [here](#) by inputting the specific VAERS ID shows that several children have died in the US after having the Covid-19 vaccine, with many suffering cardiac arrest.

A 16 year-old female received the Pfizer vaccine on the 19th March 2021. Nine days later the same female went into cardiac arrest at home. By the 30th March 2021 she had sadly died. *Found under VAERS ID 1225942.*

VAERS ID: 1225942 ● **ONSET: 9 days AGE: 16 SEX: F**

patient was a 16yr female who received pfizer vaccine 3/19/21 at vaccine clinic and presented with ongoing cpr to the ed 3/28/21 after cardiac arrest at home. patient placed on ecmo and imaging revealed bilateral large pulmonary embolism as likely etiology of arrest. risk factors included oral contraceptive use. labs have since confirmed absence of factor v leiden or prothrombin gene mutation. patient declared dead by neurologic criteria 3/30/21.

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VACCINE TYPE(S): COVID19
VACCINE NAME(S): COVID19 (COVID19 (PFIZER-BIONTECH))

SYMPTOM(S): CARDIAC ARREST, PULMONARY EMBOLISM, DEATH, RESUSCITATION, LABORATORY TEST, LUNG ASSIST DEVICE THERAPY, ORAL CONTRACEPTION

A 15 year-old female suffered cardiac arrest and ended up in intensive care four days after having the

Moderna mRNA jab. She also sadly died. *Found under VAERS ID 1187918.*

VAERS ID: 1187918 ● **AGE: 15 SEX: F**

i do not know the exact date of the first or second moderna vaccine. i am the picu attending who cared for the patient after her cardiac arrest which we believe was about 3-4 days after her second moderna vaccine

READ FULL REPORT >

VACCINE TYPE(S): COVID19
VACCINE NAME(S): COVID19 (COVID19 (MODERNA))

SYMPTOM(S): CARDIAC ARREST, INTENSIVE CARE

Another 15 year-old female received her second dose of the Pfizer jab on the 6th June 2021. Sadly one day later she died suddenly without reason. *Found under VAERS ID 1383620.*

VAERS ID: 1383620 ● **ONSET: 1 days AGE: 15 SEX: M**

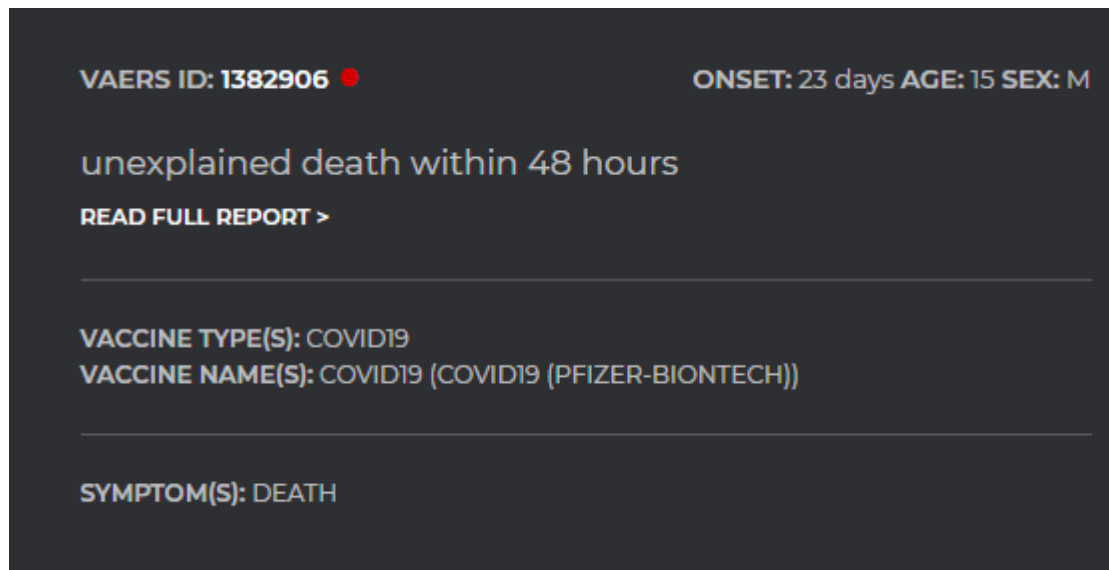
sudden death one day after recieving 2nd dose of pfizer covid vaccine (6/6/21). found dead.

READ FULL REPORT >

VACCINE TYPE(S): COVID19
VACCINE NAME(S): COVID19 (COVID19 (PFIZER-BIONTECH))

SYMPTOM(S): DEATH, SUDDEN DEATH

A 15 year-old male die due to an unexplained reason twenty-three days after having the Pfizer jab. *Found under VAERS ID 1382906.*



The above are sadly just a few examples of the deaths to have occurred among children due to the Covid-19 vaccines in the USA.

Reason No. 12

Who profits from your Child getting the Covid-19 Vaccine?

It may surprise you to know that GP's were already being incentivised to inject the adult population with the Covid-19 vaccine with a payment of £12.58 for every dose administered.

So it may surprise you further to know that GP's are being offered an additional payment of £10 on top of the £12.58 already offered for every injection administered to a child in the United Kingdom. All of this is documented in an official NHS document found [here](#).

According to the [last count made in 2020 there are approximately 3,154,459 children](#) between the ages of 12 and 15 in the United Kingdom. Therefore GP's across the UK could stand to make a combined £142.45 million if every child is injected with a Covid-19 vaccine.

14. Is there a financial supplement for vaccinating eligible 12-15 year olds?

Yes. In addition to the £12.58 item of service fee, a further supplement of £10 can be claimed per vaccination dose to eligible children and young people aged 12-15 (cohort 13). Only one £10 supplement per vaccination is claimable.

A Freedom of Information request ([found here](#)) which the MHRA responded to in May 2021 revealed that the current level of grant funding received from the Bill & Melinda Gates Foundation amounts to \$3 million and covers "a number of projects". The MHRA being the UK Medicine Regulator to have granted emergency use authorisation for the Pfizer / BioNTech mRNA vaccine to be given to children.

Coincidentally, the Bill & Melinda Gates Foundation bought shares in Pfizer back in 2002 (see [here](#)), and back in September 2020 Bill Gates ensured the value of his shares went up by announcing to the

mainstream media in a CNBC interview that he viewed the Pfizer jab as the leader in the Covid-19 vaccine race.

“The only vaccine that, if everything went perfectly, might seek the emergency use license by the end of October, would be Pfizer.”

The Bill & Melinda Gates Foundation also coincidentally bought \$55 million worth of shares in BioNTech (see [here](#)) in September 2019, just before the alleged Covid-19 pandemic struck.

Can we really trust the MHRA to remain impartial when its primary funder is the Bill & Melinda Gates Foundation, who also own shares in Pfizer and BioNTech?

Reason No. 13

The Joint Committee on Vaccination & Immunisation have refused to recommend the Pfizer Vaccine be offered to Children

On the 3rd September 2021 the [Joint Committee on Vaccination and Immunisation \(JCVI\) announced](#) (see [here](#)) they were not recommending the Pfizer Covid-19 injection be offered to all children over the age of 12.

The assessment by the Joint Committee on Vaccination and Immunisation (JCVI) is that the health benefits from vaccination are marginally greater than the potential known harms. However, the margin of benefit is considered too small to support universal vaccination of healthy 12 to 15 year olds at this time.

The JCVI cited the following –

“For the vast majority of children, SARS-CoV-2 infection is asymptomatic or mildly symptomatic and will resolve without treatment. Of the very few children aged 12 to 15 years who require hospitalisation, the majority have underlying health conditions.”

Since 1st April 2009 the Health Protection (Vaccination) Regulations 2009 place a duty on the Secretary of State for Health in England to ensure, so far as is reasonably practicable, that the recommendations of JCVI are implemented (See [here](#) – page 6).

Yet in an unprecedented move, the Secretary for Health and the Government decided to bypass the JCVI and seek the advice of the four Chief Medical Officers (CMO's) of the United Kingdom.

In their letter to the Government (*found [here](#)*), the UK CMO's state they looked at wider public health benefits and risks of universal vaccination in this age group to determine if this shifts the risk-benefit either way. They claim in their letter that “the most important in this age group was impact on education”.

This raises some serious questions –

1. Did Covid-19 close the schools? *The answer is of course no. Schools were closed because of Government policy.*
2. Should a person take a medical treatment so that they are able to partake in society or

education? *The answer is couse no. A person should only ever take a medical treatment for a medical reason, in the case of the Covid-19 vaccine that reason should be to prevent infection; which it does not do, or prevent illness; which it will not do as children are at such low risk of suffering serious illness due to Covid-19.*

The decision by Chris Whitty and his fellow Chief Medical Officers to advise the Government that the Covid-19 vaccines should be offered to children is not a decision based on science, it is instead a decision based on politics.

But we have just presented 13 factual reasons why you should not allow your child to get the Covid-19 vaccine, and each and every one is based on the science.

Now the choice is yours, or perhaps that of your child, we hope you make the correct one.

Category

1. Crime-Justice-Terrorism-Corruption
2. Disasters-Crisis-Depopulation-Genocide
3. Health-Wellness-Healing-Nutrition & Fitness
4. Main
5. NWO-Deep State-Dictatorship-Tyrrany
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