

‘Unnecessary, Misleading, Catastrophic’: Senior European Physicians Co-author Expert Statement on COVID Vaccine for Children

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Eminent European physicians and scientists this month co-authored an [expert statement](#) regarding Comirnaty–COVID-19 mRNA vaccine for children, outlining their expert opinions that “vaccination of adolescents for COVID-19 is unnecessary, claims demonstrating efficacy are misleading, and the safety profiles are catastrophic.”

Authored by Former Chair, Institute of Medical Microbiology and Hygiene, Johannes-Gutenberg University of Mainz Prof. emeritus [Sucharit Bhakdi, M.D.](#), European registered toxicologist and immunologist and CEO of the TPI consult GmbH Prof. Dr. Stefan Hockertz, Facharzt für medizinische Mikrobiologie und Infektionsepidemiologie, Department of Chemistry, University of Waterloo Prof. Dr. Med. Michael Palmer, and Facharzt für innere Medizin-Lungen-und Bronchialkrankheiten, Facharzt für Hygiene und Umweltmedizin, Facharzt für öffentliches Gesundheitswesen Ltd. Med. Dir. i.R. Dr. Wolfgang Wodarg, the document seeks to answer three questions:

1. Is vaccination of adolescents against COVID-19 necessary?
2. Is the Pfizer COVID-19 vaccine effective?
3. Is the Pfizer COVID-19 vaccine safe?

Arguments presented in Section 1 of the study pertain to all COVID-19 vaccines, whereas those in Sections 2 and 3 apply specifically to the Pfizer vaccine.

Section 1 seeks to show that vaccinating adolescents for COVID-19 is unnecessary, because

- in this age group the disease is almost always mild and benign;
- for the rare clinical cases that require it, treatment is readily available;
- immunity to the disease is now widespread, due to prior infection with the virus (SARS-CoV-2) or with other coronavirus strains; and
- asymptomatic adolescents will not transmit the disease to other individuals who might be at greater risk of infection.

Section 2 seeks to demonstrate that the claims of efficacy that Pfizer attaches to its vaccine—namely, 95% efficacy in adults, and 100% in adolescents—are

- misleading, because these numbers pertain to relative, not absolute efficacy, the latter being on the order of only 1%;
- specious, because they refer to an arbitrarily defined, clinically meaningless evaluation endpoint, whereas no efficacy at all has been demonstrated against severe disease or mortality;
- most likely altogether fraudulent.

Section 3 seeks to show that the safety profile of the Pfizer vaccine is “catastrophically bad”. It claims that

- Pfizer, the EMA, and the FDA have systematically neglected evidence from preclinical animal trials that clearly pointed to grave dangers of adverse events;
- the Pfizer vaccine has caused thousands of deaths within five months of its introduction;
- The agencies that granted emergency use authorization for this vaccine committed grave errors and omissions in their assessments of known and possible health risks.



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In a section entitled *Shortcomings of commercial COVID-19 PCR tests*, the authors state: “Unfortunately, the number of amplification cycles (the Ct value) needed to find the genetic material in question is rarely included in the results sent to authorities, doctors and those tested. Most commercially available RT-qPCR tests set the limit of amplification cycles up to which an amplification signal should be considered positive at 35 or higher. Multiple studies have indicated that Ct values above 30 have a very low predictive value for positive virus cultures, and thus for infectiousness or the presence of acute disease [15, 26-28]. Considering that in many clinical trials—including the ones conducted by Pfizer (see later)—a ‘COVID-19 case’, or an ‘endpoint’ amounts to no more than a positive PCR test,

regardless of Ct value, in combination with one or a few non-specific symptoms of respiratory disease, the significance of the use of improperly high Ct cut-off values cannot be overstated.

“This systematic and widespread error alone has sufficed to gravely distort the diagnoses conferred on individual patients, as well as the epidemiology of the pandemic as a whole...

“In summary, a positive RT-qPCR test result cannot be accepted as proof that the person in question is currently infected and infectious—even if there is reasonable clinical plausibility of actual COVID-19 infection, as well as a significant community prevalence of the disease.”

The document examines use of inaccurate diagnostic methods, potential pitfalls of PCR in diagnostic applications, “unlikely claims and contradictions in Pfizer’s evidence on efficacy,” evidence suggesting that “the Pfizer documentation contradicts itself on COVID-19 incidence after vaccination,” how “preclinical data from animal experiments indicate potential for grave harm,” toxic and procoagulant activities of the spike protein, mechanism of vaccine uptake into the bloodstream, mechanisms of accumulation in specific organs, potential risks to fertility and to the breastfed newborn, “Pfizer’s failure to investigate risks evident from preclinical investigations,” adverse events after the onset of vaccinations, fatalities reported in connection with COVID vaccines, severe events related to disrupted blood clotting, and other severe reactions, including miscarriages and deaths among breastfed infants. They also discuss “antibody-dependent enhancement” (ADE), where in some cases antibodies can increase disease severity, even though antibodies in principle serve to protect us from infections.

“The only possible conclusion from this analysis is that the use of this vaccine in adolescents cannot be permitted, and that its ongoing use in any and all age groups ought to be stopped immediately,” the authors recommend.



[Watch the video here.](#)

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Featured image: A hand holding an mRNA vaccine vial. (Spencer Davis / Unsplash)

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