

Citizen Participation and Public Petitions Committee

6th Meeting, 2021 (Session 6), Wednesday 3
November 2021

PE1899: Conduct a Risk Benefit Analysis Prior to Providing Those Under 16 with a Covid Vaccination

Note by the Clerk

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| Petitioner | Mary Henderson |
| Petition summary | Calling on the Scottish Parliament to urge the Scottish Government to conduct an inquiry into the risks and benefits of providing Covid-19 vaccinations to those under 16 years old. |
| Webpage | https://petitions.parliament.scot/petitions/PE1899 |

Introduction

1. This is a new petition that has been under consideration since 27 August 2021.
2. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe A**.
3. While not a formal requirement, petitioners have the option to collect signatures on their petition. On this occasion, the petitioner elected to collect this information. 44 signatures have been received.
4. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered. A response has been received from the Scottish Government and is included at **Annexe B** of this paper.

5. A submission has been provided by the petitioner. This is included at **Annexe C**.

Scottish Government submission

6. The Scottish Government submission confirms that:

“Chief Medical Officers (CMOs) from the 4 UK nations recommend all healthy children aged 12-15 should be offered one dose of the Covid-19 vaccine. Those children already covered by JCVI advice who have specific underlying conditions or disabilities will be offered two doses, at the regular interval of 8 weeks apart”

7. The Scottish Government states that, in addition to the wider health benefits associated with vaccination, the UK CMOs also took into consideration wider issues such as disruption to education, reduction in public health harm and mental health issues. It was agreed that these additional benefits provided extra advantage in favour of vaccinating children in the age 12-15 groups.
8. In addition, the Scottish Government confirms that it is currently offering a single dose of the vaccine to all those aged 16 to 17. Only those in eligible groups will be offered two doses until further guidance is received from the JCVI.

Petitioner submission

9. In her response, the petitioner highlights several international articles supporting her concerns regarding vaccinating children.
10. The petitioner also points to research suggesting there is no compelling evidence to vaccinate children and that the infection and transmission risk amongst children is comparatively low.
11. The petitioner concludes from the evidence she had gathered that the risk to those under 16 years of catching and transmitting Covid 19 to others is negligible. The petitioner feels that natural immunity has not been fully investigated and the longer-term effects are unknown for all four Covid 19 vaccines. The petitioner is concerned that the move to vaccinate those under 16 is being driven more politically rather than medically.

Action

12. The Committee is invited to consider what action it wishes to take on this petition.

Clerk to the Committee

PE1899: Conduct a risk benefit analysis prior to providing those under 16 with Covid-19 vaccination

Petitioner

Mary Henderson

Date Lodged

30/08/21

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to urge the Scottish Government to conduct an inquiry into the risks and benefits of providing Covid-19 vaccinations to those under 16 years old.

Previous action

I have sent emails to my MP/MSP to request assistance in this matter, but no action was taken. I have done a great deal of research on Covid 19 vaccinations and children worldwide.

Background information

Dr Robert Malone, inventor of mRNA technology utilised in the Covid 19 vaccine development, said that there was "not enough risk benefit analysis for that age group" and that the "CDC advisory group said there is a 'likely link' between rare cases of heart inflammation in that age group and the COVID-19 vaccine" Additionally, Professor Dingwall, a sociologist at Nottingham Trent University, has previously told MailOnline the risk-benefit for vaccinating children is 'increasingly precarious' as you move down the age groups. He cited a paper in the Lancet showing that people aged five to 17 suffer serious illness from Covid 'very rarely', adding: 'The risk-benefit ratio for vaccination compared with infection becomes increasingly precarious as we move down from 30-year-olds into younger age groups.' I truly believe that more research needs to go into this before vaccinating our precious children.



Briefing for the Citizen Participation and Public Petitions Committee on petition [PE1899](#): Conduct a risk benefit analysis prior to providing those under 16 with COVID-19 vaccination, lodged by Mary Henderson

Background

The Petition is calling for a risk-benefit analysis to be undertaken before the COVID-19 vaccination is offered to under 16s.

Ministers are guided on decisions about vaccines by the Joint Committee on Vaccination and Immunisation (JCVI). One of the roles of the JCVI is to consider the evidence around safety and efficacy and advise Ministers accordingly. This includes a review of the evidence around risks and benefits.

Ministers are not bound by the JCVI's recommendations, but have frequently stated that no Scottish Minister has gone against its advice.

Scottish Government Action

Since the petition was lodged, the COVID-19 vaccine was rolled out to under 16s with underlying health conditions or disabilities, and then to all 12-15 year olds.

Initially, [the JCVI did not recommend the vaccine for under 16s](#) concluding:

The margin of benefit, based primarily on a health perspective, is considered too small to support advice on a universal programme of vaccination of otherwise healthy 12 to 15-year-old children at this time. As longer-

term data on potential adverse reactions accrue, greater certainty may allow for a reconsideration of the benefits and harms. Such data may not be available for several months.

However, the indirect harms of COVID-19 are not within the remit of the JCVI and so, in responding to stakeholder concerns about educational impact, it recommended that these risks and benefits should be considered by others:

The government may wish to seek further views on the wider societal and educational impacts from the chief medical officers of the 4 nations.

The Chief Medical Officers of each of the four UK nations subsequently concluded that the additional benefits were sufficient to justify vaccination of children over the age of 12.

12-15 year olds are now being offered a single dose of the Pfizer vaccine.

Scottish Parliament Action

There has been no specific work undertaken on this topic by the Scottish Parliament, but it has been raised repeatedly during debates, parliamentary questions and committee evidence sessions.

Kathleen Robson
Senior Researcher
27 September 2021

SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

Scottish Government submission of 27 September 2021

PE1899/A - Conduct a risk benefit analysis prior to providing those under 16 with Covid-19 vaccination

I am writing in response to petition PE1899: Conduct a risk benefit analysis prior to providing those under 16 with Covid-19 vaccination.

After consideration, Chief Medical Officers (CMOs) from the 4 UK nations recommend all healthy children aged 12-15 should be offered one dose of the Covid-19 vaccine. Those children already covered by JCVI advice who have specific underlying conditions or disabilities will be offered two doses, at the regular interval of 8 weeks apart.

UK CMOs looked at wider public health benefits and risks of universal vaccination in this age group to determine risks and benefits. Wider issues relevant to the public health of children and young people aged 12-15 years were considered, including education, operational and mental health issues. The recent JCVI advice focused only on public health benefits. Additional likely benefits from vaccination include reducing educational disruption, and consequent reduction in public health harm.

In reaching this decision, CMOs have been informed by the independent expertise of leaders of the clinical and public health profession from across the UK. This has included Presidents and Chairs or their representatives of Royal College of Paediatrics and Child Health, Royal College of General Practice and Faculty of Public Health. On balance, these benefits provide sufficient extra advantage to recommend in favour of vaccinating this group. This is in addition to the marginal advantage at an individual level identified by the JCVI.

We are also currently offering a single dose of the COVID-19 vaccine to all those aged 16 and 17.

This offer comes in addition to the 16 & 17 year olds already eligible for two doses of the vaccine, including those with underlying health conditions which put them at higher risk of severe COVID-19; those who

are household contacts of persons who are immunosuppressed; and 17-year-olds who are within three months of their 18th birthday.

In regards to a second dose for the wider 16 to 17 age group, we will be guided by the JCVI's advice and await their further guidance on the risks and benefits associated with vaccinating young people in this cohort. For the time being, all 16 & 17-year-olds not belonging to the eligible groups described above are currently only eligible for a single dose of the vaccine.

The vaccination of this age group provides additional confidence in maximising protection across the whole population and in our country's ability to slowly return to normality.

Petitioner submission of 26 October 2021

PE1899/B - Conduct risk benefit analysis prior to providing under 16s with Covid-19 vaccination

I would like to thank the Committee for their consideration of my petition.

I appreciate all that you have considered across science and medical research, however, I continue to have grave concerns around giving the Covid 19 vaccine to under 16s.

Outlined is the accruing evidenced global research.

I hereby submit a small sample of the most recent evidence and urgently request a **Risk Benefit Analysis** from **Independent International Research Organisations** as well as established Government organisations to show a more accurate stance.

Dr Paul Alexander, Senior former HHS & WHO Advisor, quotes multiple studies on the risk of Covid infection to children and stated in this [article](#) that:

“There is very little risk and no data or evidence or science to justify any of the Covid-19 injections in children”, published by Brownstone Institute (Alexander 2021) He also said: “If we move forward with the vaccination of our children without the proper safety testing, then we will present them with potentially catastrophic risk, including deaths in some”.

Finland has now joined Sweden, Denmark and Norway in recommending against use of the Moderna vaccine citing risks of rare cardiovascular side effects. (Chopping 2021)

There is increasing evidence that “suggest that children may be less frequently infected or infect others” (Source: [Xue Li 2020](#)). There is also strong evidence of a much-reduced incidence of contracting Covid 19 in children. (Source: [Jonathan Baruch Steinman 2020](#))

Dr Martin Makary, Chief, Islet Transplant Surgery and Professor of Surgery at John Hopkins said in “Medpage Today” to think twice before giving the Covid 19 vaccination to healthy children. He said that based on the data to date, there was no compelling case to vaccinate children (Martin Makary MD 2021) and that “transmission among kids is markedly

reduced -- a trend now noted in the U.S.”. He also said that: “Seven adolescent children were reported to have myocarditis within 4 days after receiving the second Pfizer vaccine dose.” He says: “Given that the risk of a *healthy* child dying is between zero and infinitesimally rare, it's understandable that many parents are appropriately asking, why vaccinate healthy kids at all?”.

Professor Hendrick Streeck of the University of Bonn and Director of Virology published a paper stating that: “The unexpectedly low secondary infection risk among persons living in the same household has important implications for measures installed to contain the SARS-CoV-2 virus pandemic” (Hendrik Streeck 2020) Professor Streeck found the overall mortality rate to be 0.37% across the lifespan which is markedly low. He also said that in a news report that he also found that the SARS- CoV-2 virus was losing its virulence and was increasingly less severe.

There is now an increasing body of evidence to support The Scottish Parliament acting in the best interests of those under 16 years of age and to authorise a full risk benefit analysis. I can supply extensive research to this effect. Our children are precious and are our future. I conclude from researched evidence that the risk of transmission to others from those under 16 years is negligible as is the risk of Covid 19 to those under age 16 years. Natural immunity does not appear to have been fully investigated and the longer-term effects are unknown for all four Covid 19 vaccines. I am also concerned that this move to vaccinate those under 16 is being driven more politically rather than medically.