THE COVID VACCINE & CHILDREN -A SECOND OPINION-



The number of DEATHS & ADVERSE REACTIONS reported after the COVID vaccine is staggering.

VAERS¹, the US Government database that tracks vaccine reactions, shows a total of 1,088,560 adverse reactions and 23,149 deaths following the COVID-19 vaccine (as of 1/28/22)². This is more reports than from all previous vaccines combined. This number is likely underreported. An HHS funded study³ shows that the VAERS system captures only 1-10% of total vaccine reactions.

Multiple well funded studies have demonstrated the negligible risk to healthy children from COVID-19. A large German⁴ study showed **zero deaths for children under 5** and a case fatality rate of three out of a million in children without comorbidities. And a Johns Hopkins study⁵ of 48,000 children **showed a zero** mortality rate in children under 18 without comorbidities. Another study in *Nature*⁶, shows children under 18 without comorbidities have virtually no risk of death.





In an unprecedented move, the FDA's Advisory Committee is considering if a three-dose COVID-19 vaccine series should be authorized when there are only data available on two doses⁷. Pfizer's own data demonstrated that those two doses. did not mount a sufficient antibody response. Despite this failure, the EUA application is moving forward with a potential third dose added at a later date⁸. This is an unprecedented proposal not backed by science.

A study in *Nature*⁹ shows **children's bodies clear** the virus more easily than adults. Another study in Nature¹⁰ demonstrates how children efficiently mount effective immune responses: "immune systems that naturally generate robust, crossreactive and sustained immune responses to SARS-Cov-2 ..."

Children's bodies are uniquely suited to handle COVID-19 with a SURVIVAL RATE **OF 99.995%**



EFERENCES

digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system
medalerts.org/vaersdb/findfield.php?TABLE=ON&GROUP1=CAT&EVENTS=ON&VAX=COVID19
digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf
medrxiv.org/content/10.1101/2021.11.30.21267048v1

- - 5. thefederalist.com/2021/07/21/johns-hopkins-study-found-zero-covid-deaths-among-healthy-kids
- 6. nature.com/articles/s41591-021-01578-1

7. nytimes.com/2022/02/01/us/politics/pfizer-vaccine-kids.html 8. medpagetoday.com/special-reports/exclusives/97011 9. nature.com/articles/s41467-021-22236-7 10. nature.com/articles/s41590-021-01089-8



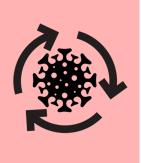


Vaccinated children face a SUBSTANTIAL RISK OF MYOCARDITIS

A study out of Hong Kong¹, showed **one out of every** 2,700 12-17 year old boys being diagnosed with myocarditis following the 2nd dose of Pfizer's Comirnaty vaccine, or 37 per 100,000 vaccinated. A study from Kaiser² found the same rate of myocarditis in 12-17 year old American boys, 1/2700. The fact that the same incidence rate was found in in both studies is alarming.

There is no statistically valid evidence that these vaccines stop transmission, or prevent severe disease or deaths in children³. Which begs the question: what are they actually trying to accomplish by vaccinating small children? What is the goal?







OVER ONE THIRD OF ALL CHILDREN are estimated to HAVE NATURAL **IMMUNITY** to COVID

Over one third of all children are estimated to have natural immunity to COVID, according to CDC's own data⁴. There is no ethical justification for superfluous vaccination that will put children at elevated risk of vaccine harm.

Are they being objective? A study published in the New England Journal of Medicine asserted that two doses of Pfizer/BioNTech vaccine "was found to be safe, immunogenic and efficacious in children 5 to 11 years of age". It includes a disclosure stating that the study was funded by BioNTech & Pfizer⁵.



Learn more about the many tragedies that have occured in children after COVID vaccination by visiting: **CovidVaccineVictims.com**



1. academic.oup.com/cid/advance-article-abstract/doi/10.1093/cid/ciab989/6445179

2. doi.org/10.1101/2021.12.21.21268209

REFERENCES 3. pubmed.ncbi.nlm.nih.gov/35133792/

4. cdc.gov/coronavirus/2019-ncov/cases-updates/burden.html

5. nejm.org/doi/full/10.1056/nejmoa2116298

