

THIS PRESENTATION WILL DEMONSTRATE THAT THE COVID SHOTS ARE UNNECESSARY, INEFFECTIVE, AND DANGEROUS FOR CHILDREN OF ALL AGES.

1) UNNECESSARY: There is no need for COVID shots for kids

KIDS' VERY ACTIVE THYMUS GLANDS AND LACK OF ACE-2 RECEPTORS RESULT IN A VERY LOW VIRAL LOAD.

THEREFORE, CHILDREN:

•RARELY GET VERY ILL

•MAY DIE “WITH” COVID BUT DO NOT DIE “OF COVID”

•DO NOT POSE A DANGER TO ADULTS AROUND THEM

•Kids face no meaningful risk from covid:

- Even per CDC’s own provisional stats, only 442 kids 0-4 died **with** covid out of a total population of more than **19.7 million** through 5/28/22 (<https://data.cdc.gov/d/nr4s-juj3>)
- **We know that the CDC’s #'s dramatically overexaggerate the true covid morbidity/mortality especially in pediatric population:**
 - Kushner et al found that 45% of pediatric hospitalizations were “unlikely to be caused by covid”; and that 67.5% were either asymptomatic (39.3%) or mild to moderate disease (28.2%), ie did not have illness severity that would warrant hospitalization on account of the covid disease.
(<https://www.publications.aap.org/hospitalpediatrics/article-split/11/8/e151/179740/For-COVID-or-With-COVID-Classification-of-SARS-CoV>)

- Webb et al found that only 14% of hospitalized patients under 22yo were “significantly symptomatic”, while 40% were “incidental infections” and 47% were “potentially symptomatic”; they concluded **“Most hospitalized patients who test positive for SARS-CoV-2 are asymptomatic or have a reason for hospitalization other than coronavirus disease 2019”**

(<https://www.publications.aap.org/hospitalpediatrics/article-split/11/8/e133/179737/Characteristics-of-Hospitalized-Children-Positive>)

- Wu et al found that >51% of children infected with covid were co-infected with another respiratory pathogen, which suggests that a portion of symptomatic pediatric covid cases might well be presenting symptomatically because of a different respiratory infection, not covid, eg RSV, which presents a far more substantial risks to small children than covid does.**

(<https://publications.aap.org/pediatrics/article/146/1/e20200961/37028/Coinfection-and-Other-Clinical-Characteristics-of?autologincheck=redirected>)

- Smith et al found that based on the clinical records, “36 (59%) of the 61 CYP were categorised as SARS-CoV-2 did not contribute to death”

(<https://www.researchsquare.com/article/rs-689684/v1>)

•Sorg et al found that there were literally ZERO deaths in kids 5-11 –
“In this group, the ICU admission rate was 0.2 per 10,000 and case fatality could not be calculated, due to an absence of cases.”

(<https://www.medrxiv.org/content/10.1101/2021.11.30.21267048v1>)

•

The CDC itself at the beginning of the pandemic flatly stated that “For children (0-17 years), COVID-19 hospitalization rates are **much** lower than influenza hospitalization rates during recent influenza seasons.”

(<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/pdf/covidview-05-01-2020.pdf>)

Finally, John Hopkins epidemiologist Marty Makary's study using "half of the nation's insurance data" found that "100% of pediatric COVID-19 deaths were in children with a pre-existing condition".

-

The various Omicron variants currently circulating produce far milder disease than prior variants of covid.

-

As far as long covid is concerned, Radtke et al found that "Seropositive children, all with a history of pauci-symptomatic SARS-CoV-2 infection, did **not** report long COVID more frequently than seronegative children"

<https://www.medrxiv.org/content/10.1101/2021.05.16.21257255v1>

**CHILDREN OF ALL AGES HAVE NO NEED TO
EVEN CONSIDER A COVID SHOT**

2) THE COVID SHOTS ARE **INEFFECTIVE** IN ALL AGE GROUPS, AND *EVEN MORE SO IN CHILDREN*. IN FACT, AFTER A SHORT TIME, THE EFFICACY TURNS **NEGATIVE** – THE SHOTS CREATE **MORE** INFECTION, HOSPITALIZATION, AND DEATH.

- Dorabawila et al found that vaccine efficacy against infection for **Pfizer in kids 5-11 plummeted to 12% by 28-34 days after the 2nd dose**, and to 48% for hospitalization.

(<https://www.medrxiv.org/content/10.1101/2022.02.25.22271454v1.full-text>)

- Moderna's trial found, according to their own press release, "vaccine efficacy in children 6 months to 2 years was 43.7% and vaccine efficacy was 37.5% in the 2 to under 6 years age group." That is below the 50% threshold for EUA per the FDA's own standards.

(<https://investors.modernatx.com/news/news-details/2022/Moderna-Announces-its-COVID-19-Vaccine-Phase-23-Study-in-Children-6-Months-to-Under-6-Years-Has-Successfully-Met-Its-Primary-Endpoint/default.aspx>)

Moderna's trial also found "The most frequently reported adverse reactions were pain at the injection site (92%), fatigue (70%), headache (64.7%), myalgia (61.5%), arthralgia (46.4%), chills (45.4%), nausea/vomiting (23%), axillary swelling/tenderness (19.8%), fever (15.5%), injection site swelling (14.7%) and redness (10%)." Not worth it.

(<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-moderna/information-for-healthcare-professionals-on-covid-19-vaccine-moderna>)

- Pfizer's initial trial failed to show any benefit (Pfizer and BioNTech Provide Update on Ongoing Studies of COVID-19 Vaccine, <https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-provide-update-ongoing-studies-covid-19>);**

This table shows the latest UK HEALTH SURVEILLANCE REPORT.

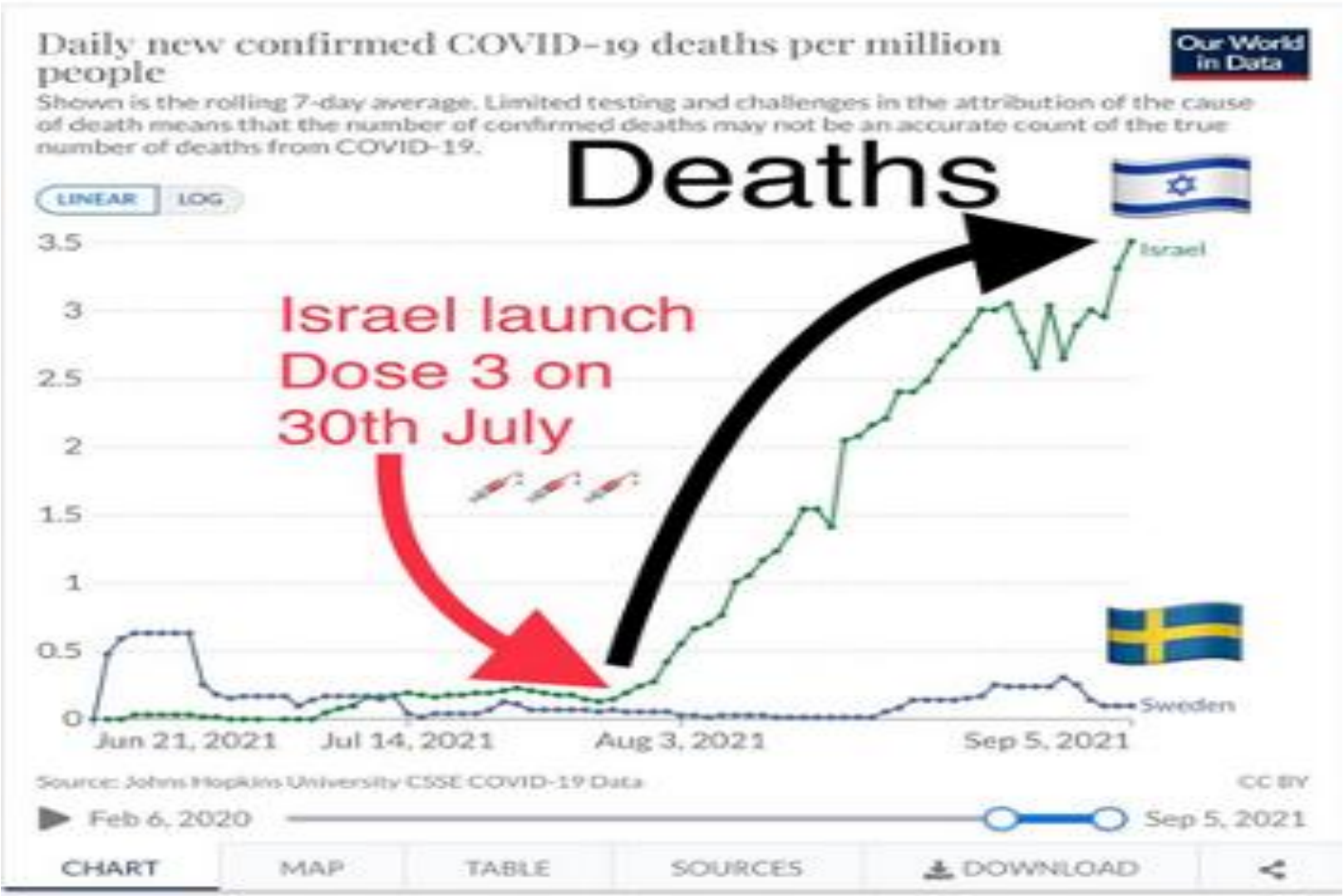
THE TRIPLE-BOOSTED MADE UP 90% OF THE COVID CASES.

Table 13: PCR-confirmed COVID-19 age-standardised case rate per 100,000 individuals by vaccine status, seven-day rolling average from 15 January 2022 to 11 February 2022

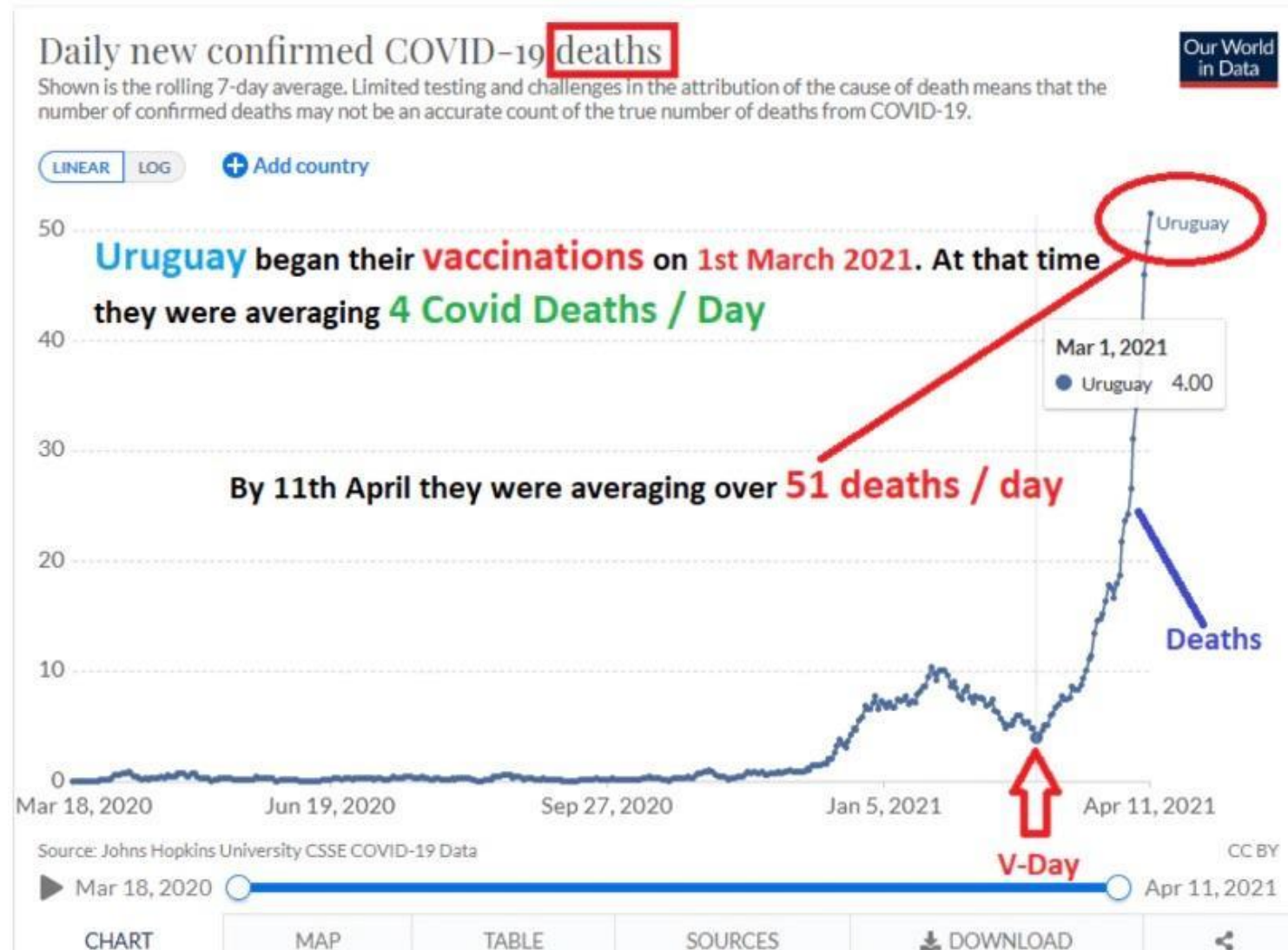
Week	Unvaccinated			1 Dose*		
	No. tested positive by PCR	Population	Age-standardised case rate per 100,000 with 95% confidence intervals	No. tested positive by PCR	Population	Age-standardised case rate per 100,000 with 95% confidence intervals
15 January - 21 January 2022	5,320	976,941	439.48 (416.28 - 462.67)	1,962	318,871	481.31 (443.73 - 518.89)
22 January - 28 January 2022	4,956	970,309	381.51 (362.44 - 400.59)	1,664	302,843	422.99 (388.50 - 457.49)
29 January - 04 February 2022	4,757	962,727	393.55 (374.97 - 412.13)	1,444	275,689	383.99 (353.98 - 413.99)
05 February - 11 February 2022	3,834	956,449	340.79 (321.46 - 360.10)	1,152	262,647	343.90 (315.71 - 372.08)
Week	2 Doses*			Booster or 3 Doses		
	No. tested positive by PCR	Population	Age-standardised case rate per 100,000 with 95% confidence intervals	No. tested positive by PCR	Population	Age-standardised case rate per 100,000 with 95% confidence intervals
15 January - 21 January 2022	6,522	934,811	617.62 (596.83 - 638.40)	10,772	3,070,303	428.00 (401.48 - 454.51)
22 January - 28 January 2022	5,411	855,982	569.85 (548.82 - 590.87)	11,123	3,170,692	446.83 (415.17 - 478.40)
29 January - 04 February 2022	5,079	830,753	525.86 (505.59 - 546.13)	12,052	3,229,937	500.21 (474.93 - 525.49)
05 February - 11 February 2022	5,201	809,783	549.69 (529.08 - 570.31)	13,833	3,270,226	527.98 (508.76 - 547.21)

* 1 Dose and 2 Dose populations include individuals who have exceeded the recommended dose schedule and may be subject to vaccine waning. Data in this table should not be used as a measure of vaccine effectiveness due to unaccounted for biases and risk factors in different populations. For more information, please see the [interpretation of data](#) and [vaccine effectiveness summary](#) sections above.

THIS GRAPH SAYS IT ALL. **COVID DEATHS** SKYROCKET IMMEDIATELY AFTER COVID VACCINATION CAMPAIGNS BEGIN, IN COUNTRY AFTER COUNTRY.



URUGUAY SAW COVID DEATHS RISE FROM 4 PER DAY TO 51 PER DAY WITHIN FIVE WEEKS AFTER BEGINNING VACCINATION.



EVEN *IF* THE CHILDREN WERE AT SOME RISK, AND EVEN *IF* THE SHOTS DID SOMEWHAT PREVENT COVID, **OUR FIRST RULE IS “DO NO HARM”**, AND THE COVID SHOTS CAUSE AN ENORMOUS **AMOUNT OF INJURY AND DEATH**. THEREFORE:

3) THE COVID SHOTS ARE MUCH TOO DANGEROUS TO INJECT INTO OUR PRECIOUS CHILDREN.

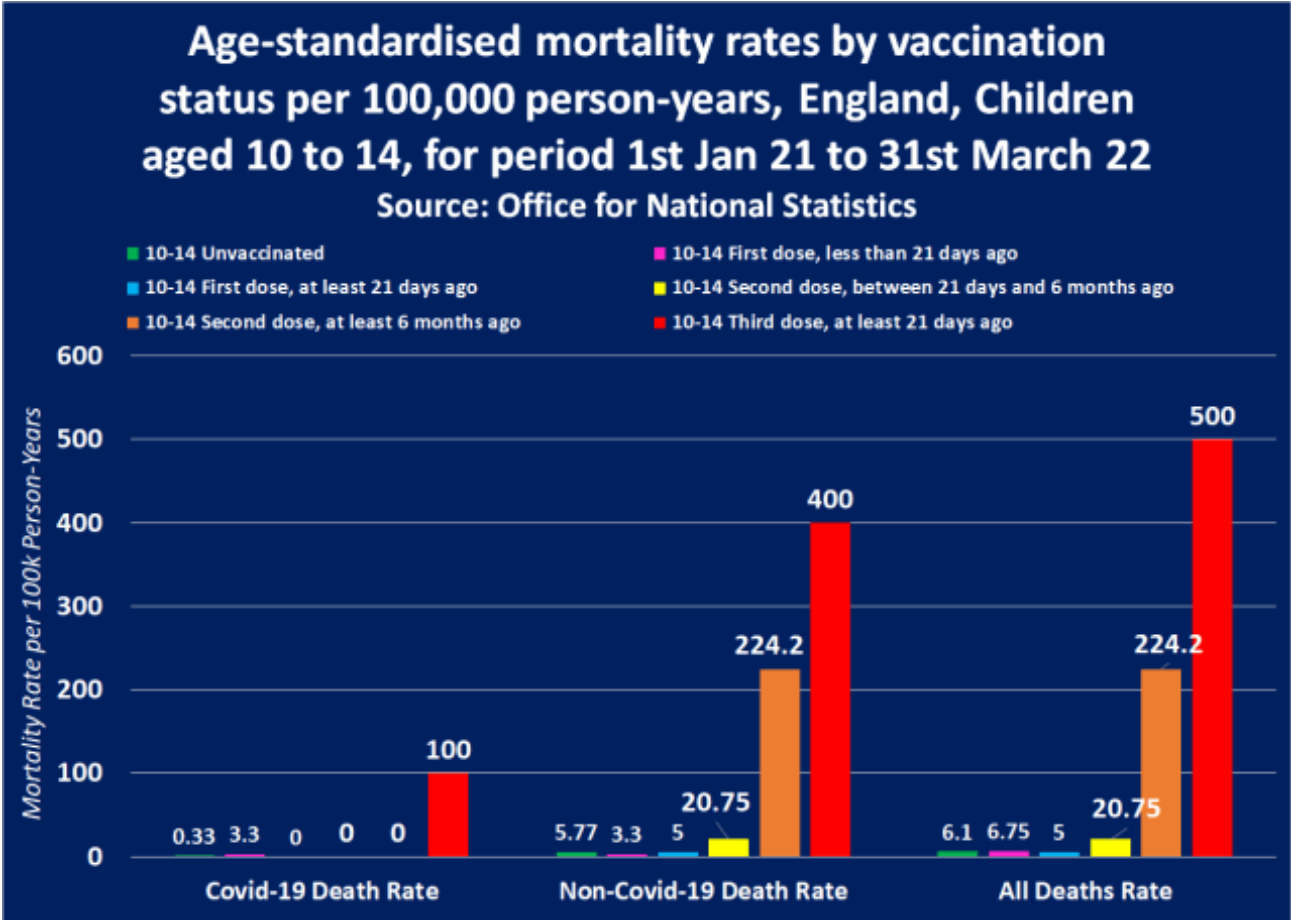
• **Pfizer’s own FDA Briefing document explicitly acknowledges (page 33) “Under Scenario 3 (lowest incidence), the model predicts more excess hospitalizations due to vaccine-related myocarditis/pericarditis compared to prevented hospitalizations due to COVID-19 in males and in both sexes combined.”** AND, that’s just *one* side effect vs the entirety of covid hospitalizations.

https://drive.google.com/file/d/15_UnnsR8rO2UhomLy8CO4KH-eCy6lieW/view

• The HART group, an organization of medical professionals, released an open letter on 1/20/22 documenting 65 excess deaths above the 5-year average of 337 in males 15-19 yo. They further explained that the number of excess deaths would be 105 if the NIH had only curated 62% of the prior year’s deaths at that point, the average from previous years.

<https://www.hartgroup.org/open-letter-to-the-mhra-regarding-child-death-data/>

ONS data show that the **mortality rate** for vaxxed kids is **considerably higher** than for unvaxxed kids:



(<https://expose-news.com/2022/05/20/kids-death-risk-increases-8100percent-covid-vaccination/>;

ONS data:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsbyvaccinationstatusengland>)

BEFORE mass-vaccinating our country's children, see the excess mortality rate of the vaccinated in the UK general population:

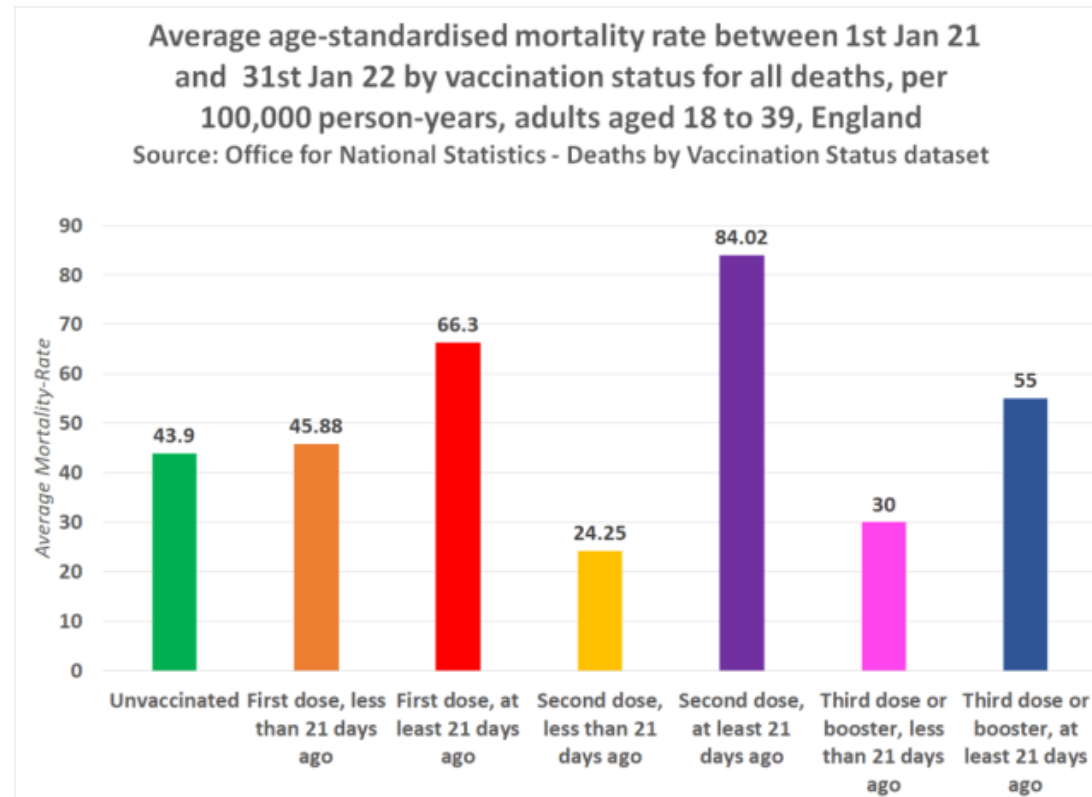


Table 2: Monthly age-standardised mortality rates by vaccination status by age group for all deaths, deaths involving COVID-19 and deaths not involving COVID-19, per 100,000 person-years, England; deaths occurring between 1 January 2021 and 31 January 2022

This worksheet contains 1 table.

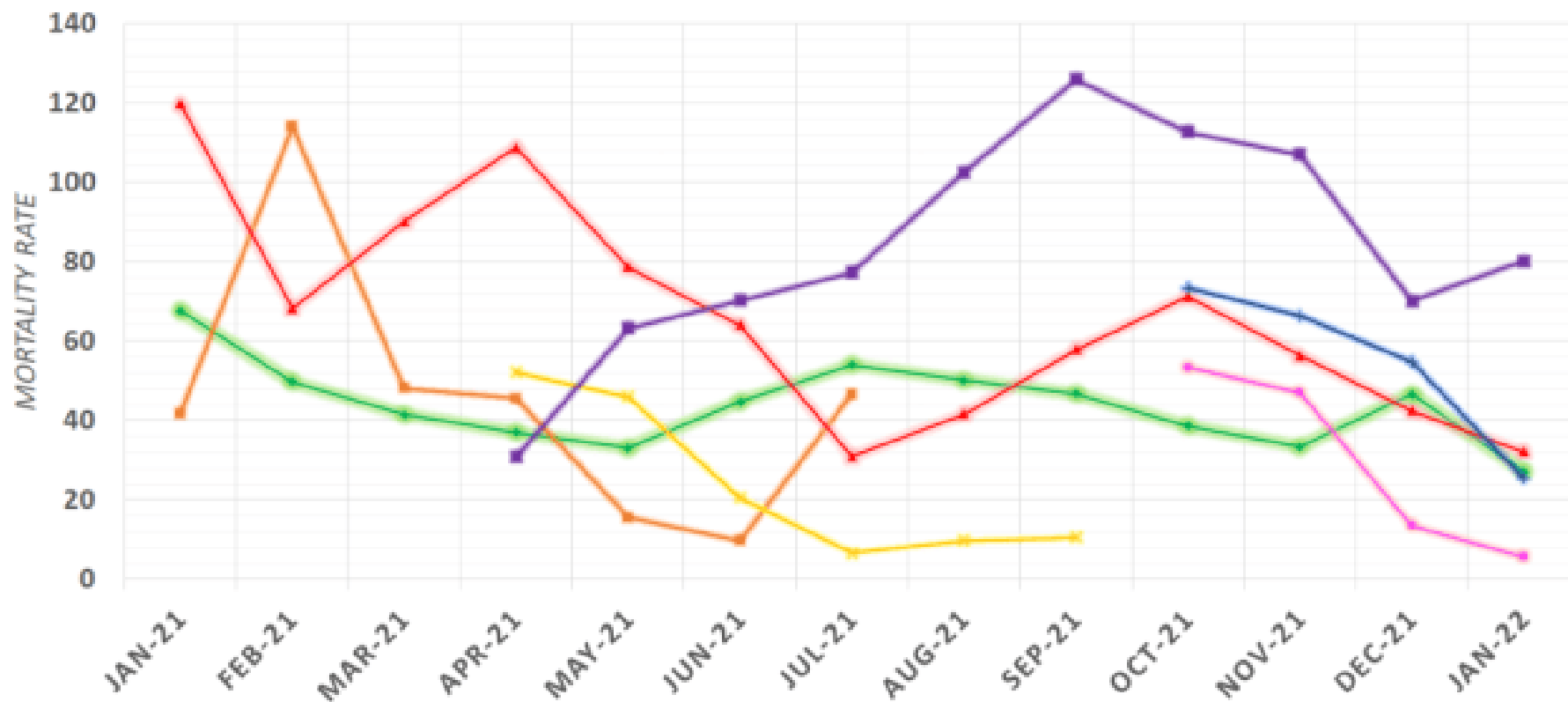
Source: Source: Office for National Statistics, National Immunisation Management Service

Cause of Death	Year	Month	Age group	Vaccination status	Count of deaths	Person-years	mortality rate / 100,000 person-years	Noted as Unreliable	Lower confidence limit	Upper confidence limit
All causes	2021	January	18-39	Unvaccinated	606	919697	67.7		62.3	73.1
All causes	2021	January	18-39	First dose, less than 21 days ago	12	26505	41.7	u	21.5	72.9
All causes	2021	January	18-39	First dose, at least 21 days ago	4	4650	119.9	u	13.7	347.8
All causes	2021	January	18-39	Second dose, less than 21 days ago	<3	1297	x		x	x
All causes	2021	January	18-39	Second dose, at least 21 days ago	<3	245	x		x	x
All causes	2021	January	18-39	Third dose or booster, less than 21 days ago	0	0	x		x	x
All causes	2021	January	18-39	Third dose or booster, at least 21 days ago	0	0	x		x	x

MONTHLY AGE-STANDARDISED MORTALITY RATES BY VACCINATION STATUS FOR ALL DEATHS, PER 100,000 PERSON-YEARS, ADULTS AGED 18 TO 39, ENGLAND

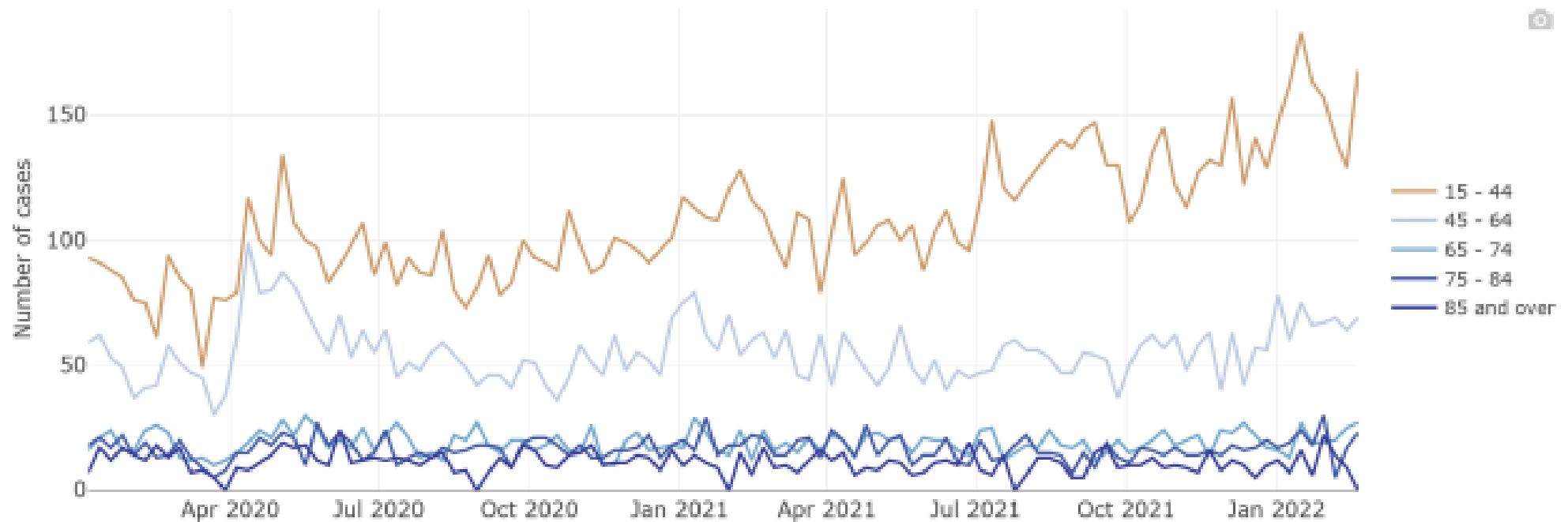
SOURCE: OFFICE FOR NATIONAL STATISTICS - DEATHS BY VACCINATION STATUS DATASET

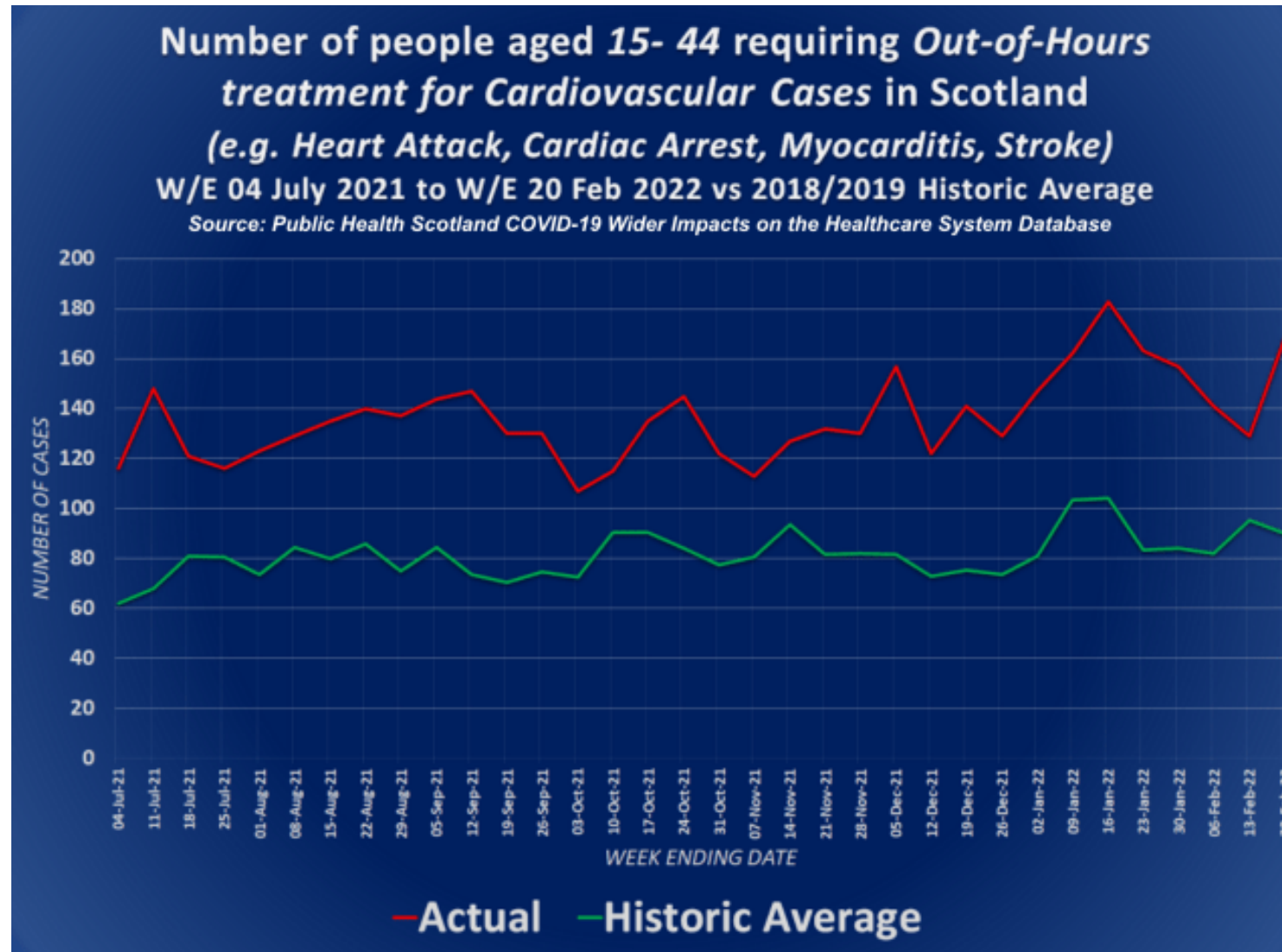
- Unvaccinated
- First dose, at least 21 days ago
- Second dose, at least 21 days ago
- Third dose or booster, at least 21 days ago
- First dose, less than 21 days ago
- Second dose, less than 21 days ago
- Third dose or booster, less than 21 days ago



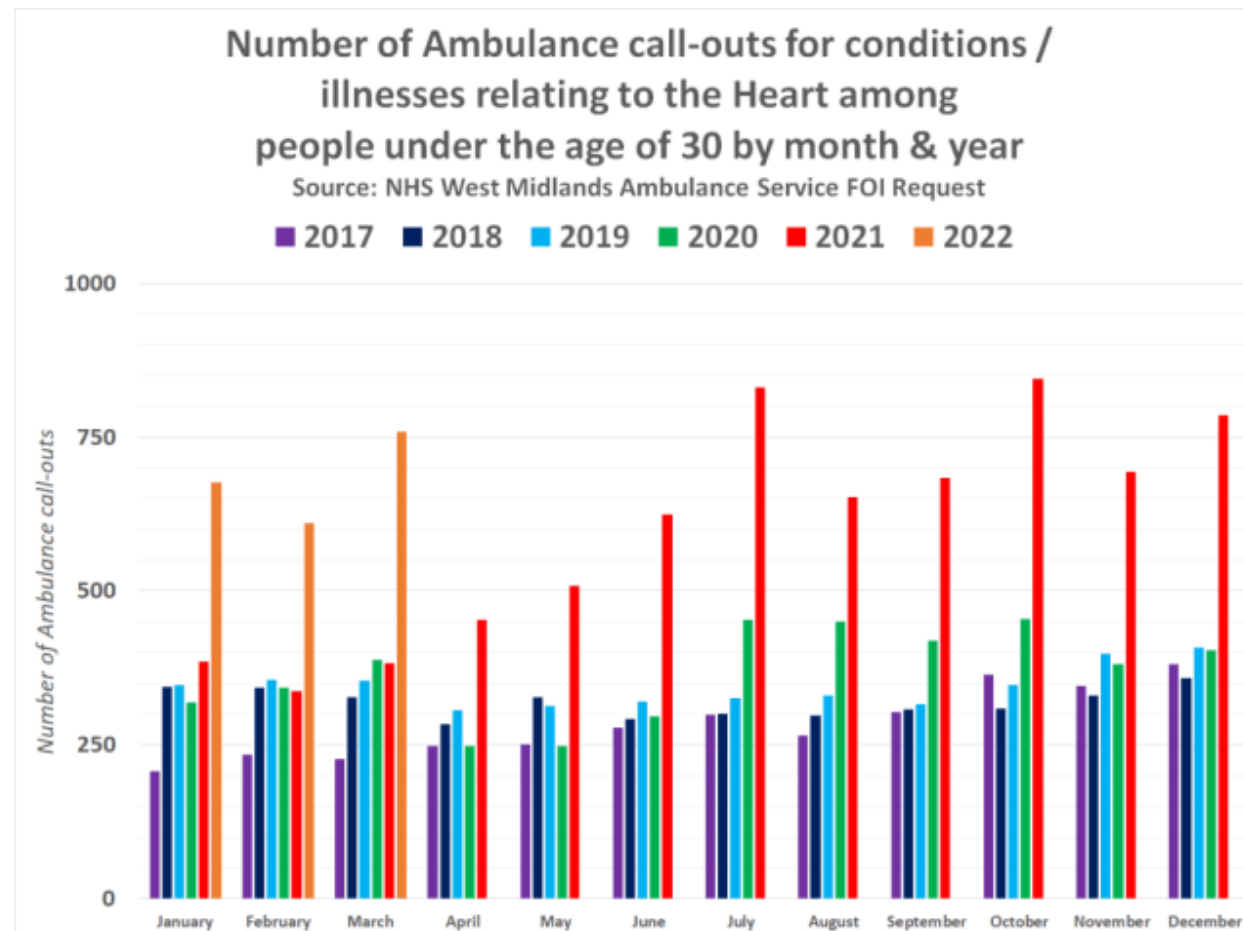
Public Health Scotland data reveals a **67% increase** in the number of Young Adults suffering heart attacks:

Weekly number of cardiovascular cases in Scotland by age group





WITNESS THE ENORMOUS RISE IN HEART ATTACKS AND STROKES AMONG YOUNG PEOPLE IN SCOTLAND SINCE THE COVID SHOT ROLLOUT.



ABOVE, SEE ENORMOUS INCREASE IN AMBULANCE CALLS FOR HEART RELATED ISSUES IN PEOPLE UNDER 30 AFTER THEY BEGAN RECEIVING THE COVID SHOTS. (SPIKE BEGAN APRIL 2021.)

•Krug et al found that “In boys with prior infection and no comorbidities, even *one dose carried more risk than benefit* according to international estimates.”

(<https://onlinelibrary.wiley.com/doi/10.1111/eci.13759>)

THE HUGE RISE IN DISABILITY SINCE THE VACCINE ROLLOUT SHOULD BE HIGHLY ALARMING:

Chart #1 - Population over 16 with a disability, in millions

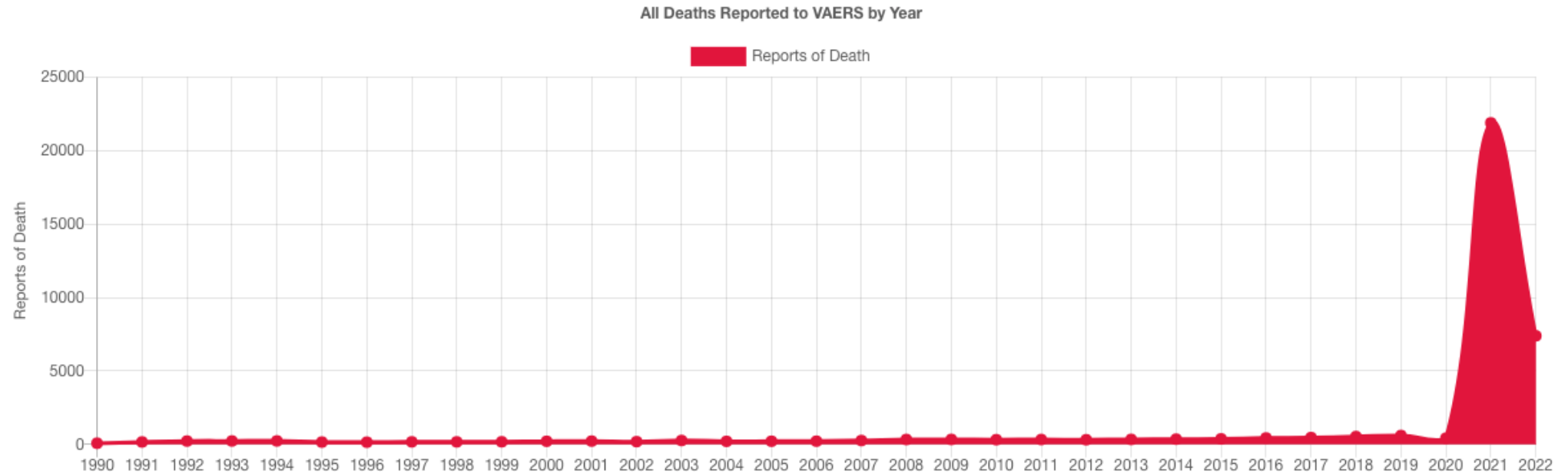


•There are **48,878** reports of injury or death in children after the COVID shots in VAERS as of 5/27/22

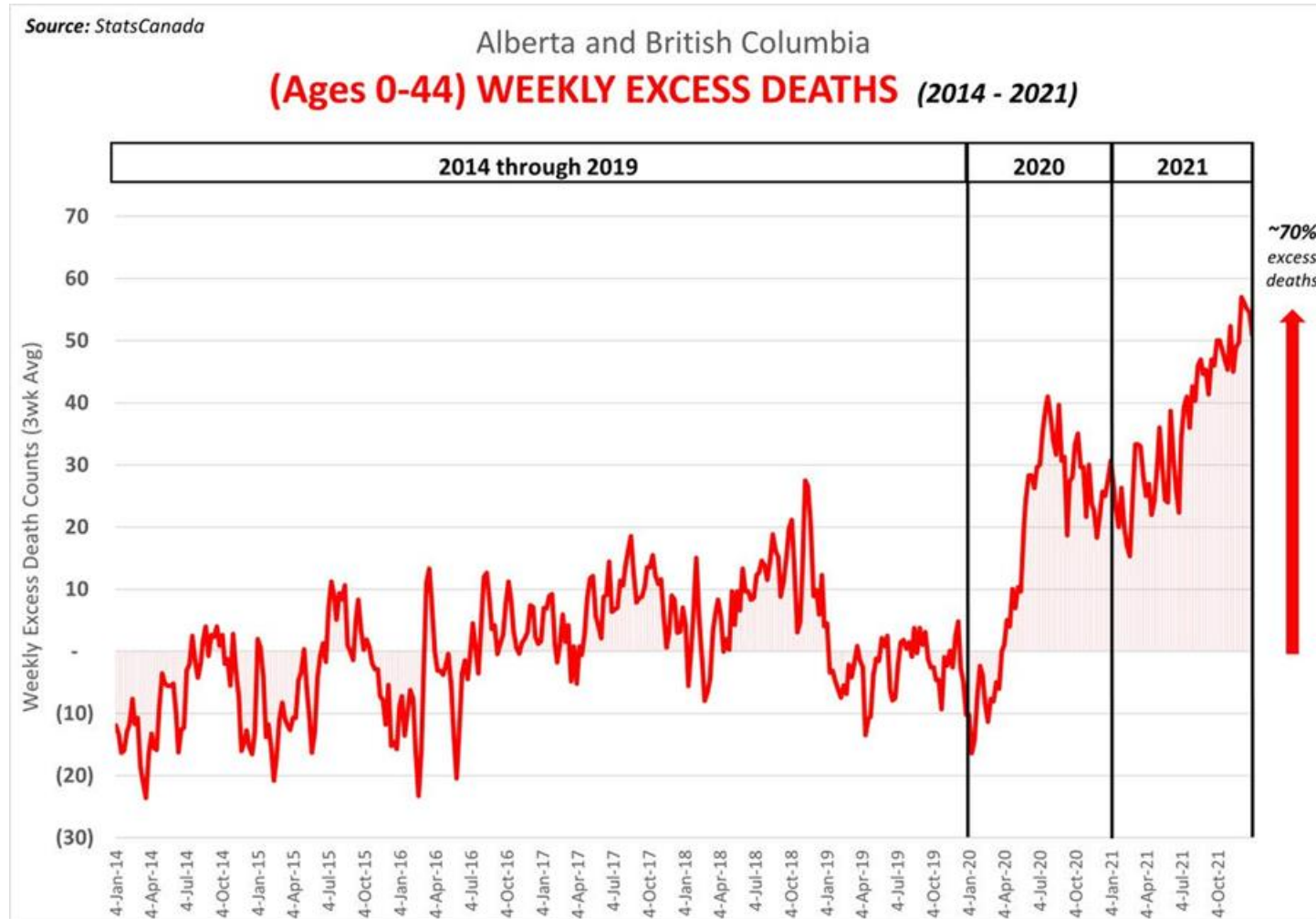
(<https://openvaers.com/covid-data/child-reports>)

VAERS COVID Vaccine Mortality Reports

Through May 27, 2022



**COMPARE DEATH RATE OF COVID SHOTS TO ALL OTHERS.
SEE DEATH RATE *UP*, NOT *DOWN*, IN CANADA IN 2021.**



**HISTORY WILL NOT JUDGE US
FAVORABLY IF WE AUTHORIZE
THESE PRODUCTS FOR OUR
CHILDREN. I ENCOURAGE YOU TO
FEAR G-D AND DO RIGHT IN HIS
EYES BY REJECTING THE
INJURIOUS COVID INJECTIONS.**