



Twelve Questions Concerned Parents Need To Ask

1. What is the risk of my child catching COVID-19?

The risk of your child catching COVID-19 is as likely as most communicable diseases (eg viruses). The good news is the disease in children is extremely mild and may only be a runny nose, cough or many have tummy upset as the lymph glands in their tummies become swollen. [REF 1](#).

2. What is the long term damage if my child contracts COVID-19?

Thousands of children have contracted COVID-19 worldwide. The recovery rate is 99.99%. Whilst children seem to experience all the typical viral symptoms (running nose, cough, sore tummy) they recover well and healthy children don't seem to have ongoing health issues. [REF 2, 3, 5](#).

3. Do children spread COVID-19?

There is very little data to demonstrate that children are spreaders of the virus. Whilst they may contract the virus they are less likely to spread it. This has been well researched and documented. [REF 1](#).

4. How can I safely protect my child against COVID-19?

The basis of all protection is to make sure a person's immune system is intact and has all the vitamins and minerals necessary to mount a defence. The most important primary care and first line of protection proven over the last 100 years are:

- a. Ensure a diet of multi-coloured vegetables, high quality proteins and healthy fats
- b. Maintain a daily intake of vitamins C and D, as well as zinc—both through food and supplements
- c. Teach your child to use tissues and dispose in a bin
- d. Insist they wash their hands before eating
- e. Make sure they are getting enough hours of sleep, as this is when the body makes antibodies
- f. Get plenty of fresh air and exercise, with time off screens
- g. If your child is sick, keep them home, bed rest, soups, etc. [REF 6](#)

5. Is Omicron more dangerous than Delta?

The data and research at this stage shows that as the COVID-19 virus mutates it becomes weaker. Omicron may be more infectious but less damaging. The impact of Omicron on children is yet to be assessed. [REF 7,16](#)

6. Have COVID-19 vaccines been tested in children?

While there are a few preliminary studies in children, all of the COVID-19 vaccines available in Australia are experimental and still under research. In 2022, the vaccines are at Phase III—testing on large groups. Phase IV, the post-market surveillance of safety and effectiveness, will not be complete until 2024. Until this time, the products cannot be conclusively deemed safe, or efficacious. Unfortunately, many adverse effects from these vaccines may affect young people for life, leading to myocarditis, autoimmunity problems, cancers, and potentially death [REF 2, 9](#)

7. How do the COVID-19 vaccines work?

The theory of a vaccine is to stimulate the body to create an antibody so it can defend itself if confronted with the pathogen (virus or bacteria).

The current COVID-19 vaccines do not work this way. The currently provisionally approved COVID-19 vaccines use mRNA or vector based technologies to prompt the body to create a spike protein. This technology is still experimental which is why the drugs are only at Phase III. Some virologists have expressed concern with the type of technologies used in the current COVID-19 vaccines and that the spike protein may result in unknown short to long term impacts that would work to enhance entry of a virus into the cells and result in autoimmune reactions. [REF 16](#)

8. Will my child be safer at school if vaccinated?

There is a big push in Australia to have all children vaccinated for many diseases. Most of these diseases are mild and transient in children. However, early evidence shows that COVID-19 vaccinated and non-

vaccinated adults are still getting the disease. There is no published data to demonstrate that the current vaccines offer any more protection than a healthy person's own immunity. REF 1,2

9. Why are hundreds of Australian doctors, otherwise pro-vaccine, strongly opposing COVID-19 injections in children?

Evidence and medical opinion globally is that safety (risk benefit ratio) of the current Phase III experimental injections in children is not established. The mRNA injections are creating adverse reactions and even death in young people.

With a 99.99% recovery rate in healthy children, there appears to be no benefit in risking a child's health for any current perceived benefit. Many doctors who are pro-vaccination are scrutinising the research and evidence and are not comfortable that the benefit to the child is worth the risk. REF 2, 4, 8, 10, 11

10. What are the main side effects and adverse reactions in children from COVID-19 vaccinations?

The main side effects documented are sore arm, malaise, site inflammation etc.

Adverse reactions recorded so far include:

- Hearing loss
- Rashes
- Pericarditis
- Heart attacks
- Fertility issues
- Autoimmunity
- Guillan-Barré Syndrome
- Seizures and uncontrollable fitting
- Brain fog
- Myocarditis
- Pulmonary embolism
- Numbness
- Stroke
- Sudden death
- Menstrual issues

(NB this list is not inclusive of all documented adverse effects and issues) REF 2, 14, 15

11. What are other countries doing about COVID-19 vaccines in children?

There is a divide globally amongst doctors and paediatricians about the correct course of action. Some suggest the vaccines will provide safety for children, whilst others (including the inventor of the mRNA technology, Robert Malone, MD) believe they

are unsafe, untested, and of unproven efficacy in children.

Risk versus benefit has not been established, seeing as healthy children rarely succumb to the disease or have ongoing issues with the virus compared to the growing number of documented adverse reactions. Some countries have suspended the roll out of these vaccines in children due to safety concerns. REF 11, 14, 15

12. If I vaccinate my child for COVID-19, will they continually need boosters? What are the long-term side effects?

Initially two injections are required for COVID-19 vaccination passports. Boosters have been pre-advised for adults.

In contrast to the natural immunity from exposure to the virus, the effect of the injections appears to be short lived, requiring boosters to maintain antibody levels. Vaccinating those with natural immunity to any virus has never been standard protocol as innate immunity is usually superior to facilitated immunity (i.e. vaccination). There is no long-term safety data on the continual use of boosters. REF 2, 13

References

1. Australian Government Fact Sheet (2020), <https://www.health.gov.au>
2. Unity Project <https://unityprojectonline.com>
3. Say D, Crawford N, McNab S, Wurzel D, Steer A, Tosif S (2021), Post-acute COVID-19 outcomes in children with mild and asymptomatic disease. *Lancet Child Adolescent Health*
4. Kostoff R, Calina D, et al. (2021), Why are we vaccinating children against COVID-19?, *Toxicology Reports*, Vol 8
5. Ibrahim L, Tham D, et al. (2021), The characteristics of SARS-CoV-2-positive children who presented to Australian hospitals during 2020: a PREDICT network study, *MJA*
6. Brighthope I (2021), Parents With Questions Webinar <https://parentswithquestions.com.au/health/professorianbrighthope>
7. LKS Faculty of Medicine of The University of Hong Kong (2021) – HKU Med finds Omicron SARS-CoV-2 can infect faster and better than Delta in human bronchus but with less severe infection in lung, *HKU Med*
8. Martin, D (2021) – Why COVID-19 should be defined as a bioweapon <https://www.bitchute.com/video/zpS8AINs7Zc0>
9. TGA Government (2021) AUSTRALIAN PRODUCT INFORMATION – COMIRNATY TM (BNT162b2 [mRNA]) COVID-19 VACCINE
10. Pharmaceutical Technology (2021) Denmark and Sweden pause use of Moderna's Spikevax for younger people
11. FDA News (2021), Norway, Sweden Suspend Moderna Covid-19 Vaccine for Young Adults Over Side Effects
12. Australian Government, Department of Health (2021), <https://www.health.gov.au/health-alerts/covid-19/symptoms-and-variants/omicron>
13. Australian Government, Department of Health (2021), <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/getting-your-vaccination/booster-doses>
14. Truong, D, Dionne, A, et al. (2021) Clinically Suspected Myocarditis Temporally Related to COVID-19 Vaccination in Adolescents and Young Adults, *Circulation*
15. Australian Government (2021), Database of Adverse Events - TGA <https://apps.tga.gov.au/PROD/DAEN>
16. Sørensen B, Susrud A, Dalglish AG (2020), Biovacc-19: A Candidate Vaccine for Covid-19 (SARS-CoV-2) Developed from Analysis of its General Method of Action for Infectivity. *QRB Discovery*, 1: e6, 1–11 <https://doi.org/10.1017/qrd.2020.8>

References with links to the original research are at parentswithquestions.com.au