every reason to apply the **precautionary principle**. This is also the opinion of molecular geneticist Christian Vélot (University of Paris): "Why choose an unknown and unpredictable technology?"[74] He elaborates on the risks of this mRNA technique, as well as those of the Oxford/AstraZeneca recombinant DNA variant using an adenovirus as a viral vector. When used therapeutically, such gene therapy has already led to leukaemia in the children treated (as it has in experimental animals)[75]. The question also arises as to whether these genetic engineering techniques are not the ideal recipe for autoimmune diseases: an immune response is elicited against proteins that the cell itself has produced, which would then allow the immune system to attack healthy cells[76]. Other manufacturers use more classical techniques, such as GSK, whose vaccine is expected later this year.[77]

9. Even more independent **experts are expressing grave concern**. A sampling:

- Professor Sucharit Bhakdi, German microbiologist: "[These vaccines] are **experiments** on humans."[78] [79]
- Professor Dr. Luc Montagnier, Nobel Laureate in Medicine: "We know too little about these vaccines; we are **guinea pigs**."[80]
- French infectologist Eric Caumes: "Never have I seen so many side effects."[81]
- Professor Dr. Theo Schetters, immunologist and vaccine developer: "Vaccinating against corona is unnecessary and given the **unknown side effects and consequences,** mass vaccination is highly irresponsible."[82]

10. Special caution is needed with some groups of patients:
(1) **Those who have been through Covid-19** have already built up long-term immunity, both through antibodies and through T and B memory cells. The latter protect for many years (see point 4), even after the antibodies have long disappeared: this is confirmed by a recent study (Science, 6-1-2021). If it doesn't help, it doesn't hurt? Actually, it does: apart from the possible side effects of the vaccine, people who already have antibodies run an extra risk when they are vaccinated, called 'hyper-immunity', which causes extra complications[84]. Pre-testing for antibodies (and even for T-cells, less common) can avoid unnecessary vaccination.
(2) If someone is already infected, but has no symptoms (yet) - i.e. is in the so-called "incubation phase" - vaccination is extra risky[85]. So **if infection is suspected**, it is best to avoid the vaccine. For this reason, residential care centres often wait to vaccinate until two weeks after the last corona outbreak.[86] [87]
(3) **Children**, for three reasons:
1 - Children almost never suffer serious cases of Covid-19 and are not major spreaders[88].
2 - The vaccine, as mentioned, does not prevent the spread of the virus.
3 - Side effects can hit children extra hard (same doses for lower body weight).

DO YOU WISH TO READ MORE ABOUT CORONA & VACCINATION?

References and links, as well as the content of the endnotes, can be found in the e-version of this fact sheet:
https://docs4opendebate.be/wp-content/uploads/2021/02/Factsheet-jan-2021_EN.pdf

Covid-19 Vaccination FACT SHEET – February 2021*
By and for Physicians & Interested Patients
"Is this vaccine necessary, safe and efficient?"

** Note for those who can read Dutch: this fact sheet has now been "factchecked" by* 'Gezondheid en wetenschap' *backed by the team of professor Pierre Van Damme. Our detailed reply to their comments can be found here.*

With the support of: Dr. An De Vis, Dr. Anne De Clerck, Dr. Anne Fierlafijn, Dr. Bart Lambert, Dr. Bertie Zoete, Dirk Elseviers PhD, Dr. Eric Beeth, Dr. Frédéric Goaréguer, Dr. Gaëtane Beeckaert, Dr. Geert Verhelst, Dr. Gert Gabriels, Dr. Hilde De Smet, Dr. Jan Devriendt, Dr. Jean-Luc Vanderlinden, Dr. Jo Linmans, Dr. Johan Corthouts, Dr. Johan Denis, Dr. Kris Gaublomme, Dr. Leo Van den Bossche, Dr. Pieter Lanoye, dr. Steven Depicker

According to various surveys, 9 – 30% of Flemish physicians do not want to be vaccinated against COVID-19[1] [2] [3]. What could be their reasons? Here are some facts, the best remedy against *fake news*. Don't hesitate to check the links and other sources at the end of this fact sheet yourself.

1. Covid-19 is on average not very lethal. Most infected people display no symptoms[4]. Even people over 85 years of age survive the infection in more than 90% of cases[5]. People under 70 years of age have a **survival rate of 99.95%.** The *Infection Fatality Rate* (IFR) is 0.23% overall and 0.05% for people under 70 years of age.[6]

2. To reduce the risk of (severe) corona, a **strong immune system** is of the utmost importance. Everyone, especially vulnerable patients (the elderly and people with underlying disorders), can support their immune system by adopting a healthy lifestyle: rest, exercise, social contact, healthy food, little stress or anxiety.[7] [8] Recent studies show a highly significant correlation between on the one hand, **vitamin D** deficiency (same for **zinc** deficiency) and on the other hand, Covid-19 incidence and severity. There is sufficient evidence that **vitamin D supplementation can make a huge difference** in the risk of corona disease and corona complications and mortality [9] [10] [11] [12] [13] [14] [15] [16]. Vitamins A and C, and selenium, are also essential for strong immunity[17] [18].

3. When faced with a diagnosis of Covid-19, a general **practitioner** can - contrary to popular belief - already do a lot to **prevent hospitalisation**. The team of Docs4OpenDebate, supported by some 700 doctors, gives an overview of this[19], as does our website[20]. Hydroxychloroquine (**HCQ**) is available from pharmacies and can be used (despite negative media coverage) very **successfully in the early stages** of the disease, as many studies prove and detail (posology and combination with zinc and azithromycin)[21] [22] [23] [24]. The same applies to Ivermectin[25]. In March, virologist Anne-Mieke Vandamme (KU Leuven) even recommended high doses of vitamin C to overcome the disease[26]. In hospital, administration of a very high dose of vitamin D seems to reduce the risk of admission to intensive care by 96%[27].

4. Little known but very important: a large part of the population **already has natural immunity** to Covid-19. This is due to contact with either Sars-CoV-2 (the virus that triggers Covid-19), or another type of coronavirus from recent years (many colds are caused by coronaviruses[28], as well as the SARS disease

from 2003): this is called 'cross immunity'. This protection is not based on antibodies, but rather on cellular immunity (via T-memory cells), which recognises old infection germs even after many years, in contrast to antibodies that only last a few years (or sometimes months)[29] [30] [31]. It is estimated that 70% to even 85% of the population is already protected against SARS-CoV-2 in this way[32], far more than the 14% who would already have antibodies [33]. This makes **herd immunity** a fact. Vaccination is therefore no longer necessary[34].

5. Data are lacking as to whether those who receive the vaccine **can still transmit the virus**. This is being acknowledged by manufacturers[35], researchers[36] and government experts[37] [38]. Since the vaccine does not protect the mucous membranes of the airways, it can be assumed that the vaccinated person can spread the virus further[39]. **So pushing people to vaccinate out of 'solidarity'** (to protect others) **seems inappropriate**, especially when we consider the large number of people who have already acquired immunity (see point 4).

6. **The effectiveness of the vaccine**: Pfizer's marketing calls their vaccine "95% effective", but that figure is very misleading: it only refers to the total number of *confirmed* Covid-19 cases and calculates the *relative* risk reduction. **Does the vaccine really help prevent <u>serious</u> Covid-19?** Do the maths with us:

% = absolute risk; ( ) = number of people in the Pfizer study	Vaccine	Placebo	**Vaccine advantage/ disadvantage**
Risk of non-serious Covid-19	0,04% (8)	0,88% (162)	0,84% less risk
Risk of serious Covid-19	0,006% (1)	0,016% (3)	**0,01% less risk**
Risk of serious reactions to the vaccine	1,1% (240)	0,6% (139)	**0,5% more risk**

According to this data **from Pfizer's own study**[40] [41], their vaccine reduces the risk of severe Covid-19 by 0.01%. Then you would need to vaccinate about 10,000 people to prevent one case. But actually, these figures are too low for meaningful conclusions (1 versus 3 cases). What is significant is that, based on the same Pfizer figures, one would expect about 50 <u>serious</u> vaccine side effects per 10,000 vaccinated, or about 55,000 based on the entire Belgian population. The reality is probably even less rosy, as the study is under attack for several reasons:

- The subjects were **not representative** of the population: people in poor health (unstable chronic illness, immune deficiency) were excluded, as well as people who already had antibodies; the study group also included only a few persons above the age of 75.
- The number of Covid-19 cases counted did not include 3,410 cases of "suspected but unconfirmed" Covid-19: 1,594 in the vaccine group, 1,816 in the placebo group. If you include these, **the effectiveness is even lower**: a relative risk reduction of only 29%, which is too little for an approval.[42]
- Whereas with Moderna the committee that had to establish the Covid-19 cases consisted of independent experts[43], in this case they were employees of Pfizer itself[44]. And so on.[45] [46]

7. That brings us to **the damage** caused by Covid-19 vaccination.

- "Alarm in Norway: 23 people die after receiving Pfizer vaccine.“ This was reported by the Norwegian health authorities on 15-1-2021. They warned that **in older and vulnerable people** even relatively **mild side effects can be fatal**[47] [48] [49] [50].
- A CDC document dated 19-12-2020[51] already reported 3,150 adverse events in five days, defined as “unable to perform normal daily activities, unable to work, required care from doctor or health care professional”: out of 112,807 people, this is **2.79%**.
- The VAERS reporting system in the US recorded 40,433 "adverse events" following Covid-19 vaccination[52] between 28 December and 1 January, including serious reactions[53]. Several deaths have already been reported worldwide[54] [55] [56] [57] [58] [59].
- Notable are allergic reactions, including **anaphylaxis** (life-threatening shock): see the CDC document cited above (six cases in five days, far more than with classical vaccines), as well as the EMA package insert[60]. Suspect is, among others, the ingredient PEG (polyethylene glycol), used here for the first time in vaccines but already present in a lot of medicines and household products, which has resulted in some people being hypersensitive to it[61] [62] [63] [64]. The CDC and the EMA call hypersensitivity to PEG or other ingredients a **contraindication** to Covid-19 vaccination.
- Side effects in the somewhat **longer term** are **still unknown**. In particular, many autoimmune and neurological problems often do not occur until later. For that reason, the **European approval of Pfizer and Moderna is <u>provisional</u>** and the manufacturers have been given two years to report more comprehensively on safety (phase 3 of their clinical trials is on-going)[65]. In the meantime, the manufacturers have already obtained **a legal exemption from liability** for "unexpected side effects"[66] .
- What about safety in pregnancy and breastfeeding? In a petition to the EMA, Dr. Wodarg, supported by **ex-Pfizer vice president Dr. Yeadon**, expressed concern that antibodies to the spike proteins of Sars-CoV-2 could possibly also attack syncitin-1, necessary for **pregnancy**, and thus render vaccinated women infertile[67]. Has this been sufficiently explored? The preliminary UK leaflet (dated 10-12-2020) warned: "Do not vaccinate if pregnant or breastfeeding. Avoid pregnancy for at least two months after vaccination.”[68]
- A long-established risk with coronavirus vaccines[69] is 'antibody-dependent enhancement' (ADE), in which **a vaccinated person becomes more severely ill upon subsequent infection with the virus than without vaccination**. Vaccines like the one against SARS (SARS-CoV- 1) have never been approved for this reason: in the vaccinated mice, later contact with wild coronavirus led to a cytokine storm and thus to "immuno-pathological lung disease"[70]. Recent studies explicitly confirm: "*The risk of ADE in Covid-19-vaccines is non-theoretical and compelling. (...) Receiving the Covid-19 vaccine could **convert a subject from someone who experiences mild disease to someone who experiences severe disease**.*"[71] What could be the consequences of this in the case of mass vaccination?

8. The Covid-19 vaccines from Pfizer and Moderna use **mRNA technology**. This involves inserting the genetic code of a piece of the virus into the recipient. What does this mean for the human genome (DNA)? Recent research (December 2020) suggests that such mRNA can indeed be incorporated into our own DNA via reverse transcriptase and integrase[72] [73]. HIV carriers in particular would be susceptible to this. This is a preprint (no peer-review yet) but this study gives