

Factsheet: COVID-19 Vaccines and Children

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 statistically close to 100%. Whilst children seem to experience all the typical viral symptoms (running nose, cough, sore tummy) they recover well and don't seem to have ongoing health issues. [REF 2, 3, 4, 6](#).

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 do not spread it. This has been well researched and documented. [REF 2](#).

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 7](#)

5. Is Omicron more dangerous than Delta?

No. The data and research at this stage shows that as the COVID-19 virus mutates it becomes weaker. Omicron is also more infectious so this results in higher cases but weaker symptoms. [REF 8](#)

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

Why 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 deemed safe, or efficacious, as per Pfizer's own product information: (Paediatric use: the safety and efficacy in children under 12 years of age have not yet been established).

[REF 10, PAGE 7](#)

Unfortunately many adverse effects from these vaccines may affect young people for life, leading to myocarditis, autoimmunity problems, cancers, and potentially death. [REF 2](#)

7. How do the COVID-19 vaccines work?

Traditional vaccines stimulate the body to create antibodies to fight a virus by injecting a small amount of an inactivated virus. Instead, these emergency-authorized, experimental COVID-19 genetic modification injections use a synthetic messenger RNA to trick the body into synthesizing an artificial spike protein.

Whilst their intent was for the resulting spike protein to stimulate antibody formation, this same synthetic spike protein has a similar toxicity to the virus that *causes the illness!*

Alternative vaccines are in development using the traditional method of exposing the body to an inactivated COVID-19 virus, which should carry much less risk.

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. Early evidence shows that COVID-19 vaccinated and non-vaccinated children are getting the disease in similar numbers.

There is no published data to demonstrate that the current vaccines offer any more protection than a healthy child's own immunity.

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

Evidence is mounting globally that the current Phase III experimental injections are not safe in children. They are producing many adverse reactions and even death. Given that children experience a 100% recovery, there is no need to risk their health with this experimental genetic therapy.

Therefore, their use violates the Hippocratic Oath of doing no harm.

Doctors who may be pro vaccine, and have read the research, can see the mismatch between it and the information given to the public.

REF 9, 10

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

The main issues documented so far that are not rare and exclude the usual sore arm, malaise, site inflammation etc. REF 2

- Hearing loss
- Rashes
- Pericarditis
- Heart attacks
- Fertility issues
- Guillan-Barré Syndrome
- Autoimmunity
- Recurrence of fast growing cancers
- Seizures & 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)

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 children rarely succumb to the disease or have ongoing issues with the virus compared to the growing number of documented adverse reactions. Many countries have halted the roll out of these vaccines in children due to safety concerns. REF 11

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

Initially, at most, only two injections were required for COVID-19 immunity. In contrast to the natural immunity from exposure to the virus, the effect of the injections is short lived, requiring boosters to maintain antibody levels.

Vaccinating those with natural immunity is unnecessary, and may be dangerous. In addition, there is no long-term safety data on the continual use of boosters.

REFS 2 & 10

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