

APPLICATION TO THE SPANISH MINISTRY OF HEALTH

To the attention of the head of the Ministry of Health, Ms. Carolina Darias:

Please read this letter and the attached report carefully, appealing to reason and leaving aside, due to the seriousness of the matter, any preconceptions that might prevent you from evaluating it objectively. Please bear in mind, Mrs. Darias, that many of us, like you, are also parents who want the best for our children and, by extension, for our society.

We, the undersigned, respectfully request the immediate cessation of the covid vaccination plan for minors.

We are very concerned about the high number of adverse event reports received by pharmacovigilance systems following the administration of these vaccines, both in Europe and in the United States. Many of these adverse effects are already being observed in our daily clinical practice by those of us who are health professionals and who participated in the drafting of this letter. We fear that groups critical of these vaccinations will be proven right when they claim that they are unsafe, and that this will by association cause people to lose confidence in forms of immunisation that, by their very nature, are proven safe.

The UK has just taken the decision to stop vaccinating children¹², after assessing the risks and benefits and the harms recorded in a few weeks of childhood vaccination in the US and Israel. We ask you to follow what we consider to be an exemplary, logical and cautious decision of our European neighbours, thus preventing us from regretting not knowing how to stop in time a decision, that of vaccinating minors, which, with the current data, is not justified.

As of 30 July, 70 deaths in children under 25 years of age have been reported in the US VAERS following the covid³ vaccine. 1249 cases of myocarditis or pericarditis have been reported, of which 716 have been confirmed in children under 30⁴. These are the results of countries that have started vaccinating children before us.

The European pharmacovigilance system, EudraVigilance, has received reports of more than 1.5 million adverse effects, half of them serious (heart or liver damage, neurological disorders, disabilities, blindness) and almost eight thousand deaths still to be studied.

In addition, there is the well-known problem of under-reporting in pharmacovigilance systems, so that the numbers of adverse effects may be much higher than what is actually being reported.

We have found it very difficult to synthesise all our arguments so as not to make the letter too long, but in summary, they focus on the following three pillars:

1) It is not necessary for minors to be administered these vaccines:

Firstly, in Spain, which has 9 million children under the age of 20⁵, 26 deaths have been reported with a covid diagnosis, most of them with severe comorbidities. This represents an infant mortality rate of 0.00028%, i.e. one per half million. This is very similar to the US and the UK.

The reality is that children have hardly been affected by covid and their ability to transmit is very low⁶, as their immune system is strong and gives them natural immunity.

2) In this case, that of children and young people, the risk outweighs the benefit after administration:

We have to consider the unknown risks posed by vaccines made in haste⁷, which have been approved as a matter of urgency and whose trials have more than two years left to conclude and for which we have no history, so there is an unquestionable certainty that at this time not only is there insufficient information available but also that the adverse effects will only be known in the long term. The urgency of the situation leads to a looser approval criteria than would normally be the case, which inherently carries an even greater risk.

Children and young people are the future. Children and young people are the future. They are the next generation. They represent, not a percentage, but the totality of our country's future citizens. Considering carefully the real figures for infant mortality, which, we repeat, are only 0.00028%, it would in no case be justifiable to vaccinate 100% of children and young people.

To give an example, this would be the same disproportionate approach as applying prophylactic chemotherapy to the entire population to protect one in half a million. In other words, a mass vaccination plan for children and young people would undoubtedly be a mistake with devastating consequences and, moreover, is unjustifiable, given that children and young people have a natural immunity which, with very rare exceptions, has been shown to guarantee their survival.

Covid vaccination would bring very hypothetical benefits to children and young people but, on the contrary, it would put their health at serious risk, making them at risk from the new and dangerous adverse effects that EudraVigilance is recording. These dangers are real, as evidenced by the fact that the pharmaceutical companies have received a legal disclaimer. For if covid vaccines were safe, they would not have

applied for such an exemption as a prerequisite for distribution. It is clear that the risk outweighs the benefit.

Vaccinating children under the argument of having to achieve a certain immunisation rate also raises an ethical problem: is it right to protect adults at the cost of endangering children and young people? Such a proposal makes no sense, given that the majority of the adult population has already been administered these drugs and is therefore presumed to be largely protected.

3) The administration of these vaccines has not improved the situation in Spain:

On analysing the reports presented by the Government up to 27 July 2020⁸ and 27 July 2021⁹, we can see that the vaccines have had little impact on the health situation if we compare the following points: deaths, cases, cumulative incidence and hospitalisations between the two dates. If we analyse the number of deaths in June 2020 after the end of containment, it is lower than in 2021. It is striking that Spain is one of the countries with the highest number of vaccinated people¹⁰, but both the number of cases and the cumulative incidence at 14 days is 15 times higher than in 2020 for the same date without having administered these vaccines. With regard to the number of cases and the cumulative incidence at 7 days, this is 12 times higher than in 2020, again for the same date and without having administered vaccines. The same is true for the number of hospitalisations in the last 7 days for covid 19. This is 26 times higher than in 2020 for the same date and without vaccines.

The number of deaths in the last 7 days is 23 times higher than in 2020 for the same date without vaccination. While there may be reasons why this is the case, what was expected after the extensive vaccination of the public is to be in a much better situation. Further study is warranted before further exposing the population to a potential negative relationship between vaccination and incidence^{11 12}.

The unprecedented situation in which we find ourselves has led to a loss of perspective due to the desire to get out of this pandemic as soon as possible. Fear has generated urgency, and urgency is jeopardising the caution that should prevail in a government decision with such far-reaching consequences. Under no circumstances can the urgency of ending this pandemic be achieved by administering unsafe vaccines. We know from experience with previous vaccines that were approved in haste, such as Pandemrix and Dengvaxia, that both fear and haste are bad advisors. And while there is no confirmation of causality in pharmacovigilance records, as long as they are not analysed, there is no confirmation that there is no such relationship.

Therefore, following the Hippocratic principle of precaution that should always guide our decisions in health matters, to which the undersigned doctors and nurses are committed, we ask that the accumulation of notifications be studied to confirm that there is no relationship before continuing with the vaccination plan.

We hereby request that Minister Darias urgently call for a moratorium on the covid vaccination plan for minors, in order to avoid potential long-term damage that could even have hereditary repercussions and be much greater than those caused by covid. Avoid making the cure worse than the disease.

We do not want to close this petition without stating that in recent weeks we have been watching with displeasure the criminalisation campaign that the media have launched against young people, blaming them for new outbreaks, while mass events with considerably higher attendance are ignored, using exceptional cases such as the one in Majorca that seem to seek to generate public acceptance of vaccinating the youngest. We believe that these campaigns are repugnant in their intention and in their form, with an absolute lack of scientific rigour, inappropriate in a democratic state governed by the rule of law, given that they seek to communicate to the audience a message that is not true.

Under the signatures we attach a referenced report supporting our request.

In conclusion, we, the undersigned, act with the purpose of leaving our children and youth a fertile ground of sustenance. Just as a farmer sows with love and labour the seeds of fruit trees not for himself but for his descendants, we are working for the future. We want the generations of children and young people, when they look back, to know that we are fighting for them and to feel our care even though we are no longer with them. And when they reap the fruits, because they will, because we are preparing the ground for them to do so, they will remember that the best legacy we could give them is their existence. We will not passively allow the covid vaccination of our children and youth. We will sow the ground with seeds of hope. They are our future, and so are you, Minister Darias. We wish you to be remembered for your good judgement and responsibility.

And with this plea, we beg and salute you kindly:

1. A.S. Auxiliary Nursing Technician TCAE.
2. A.P. Degree in Nursing from the University of the Basque Country.
3. A.H. University Diploma in Nursing from the University of Navarra.
4. A.A. University Diploma in Nursing. Speciality in critical care and Master's degree in skin integrity.
5. A.M. Diploma in Human Nutrition from the University of Granada.

6. A.V.C. Degree in Nursing from the University of La Laguna, Tenerife.
7. A.T. Degree in Sociology from the University of Alicante. Interuniversity Master's Degree in Development Cooperation. Speciality in environmental sustainability (UA)
8. A.B.C. Degree in Fundamental Biology from the University of the Basque Country.
9. A.D. University Diploma in Nursing from the University of Valladolid.
10. A.P. University Diploma in Nursing from the University of Huelva.
11. A.N. University Diploma in Nursing from the University of the Basque Country.
12. A.M. Diploma in Physiotherapy from the University of Valencia. Doctorate from the University of Murcia.
13. A.D. Graduate in Astrophysics from the University of St Andrews in the United Kingdom, accredited by the Spanish Ministry of Education. Medical Physicist in Medical Physics.
14. A.G. Industrial Automation and Electronics Engineering, University of the Basque Country.
15. A.E. Diploma in Nursing from the UCLM and specialisation in Obstetric-Gynaecological Nursing from the EVES (Valencian School of Health Studies). Master's Degree in Nursing Sciences from the University of Alicante.
16. A.T.E. University Diploma in Nursing from the University of the Basque Country.
17. B.E. Degree in Dentistry from the University of the Basque Country.
18. B.M. Technician in Auxiliary Nursing Care.
19. B.H. Degree in Nursing from the University of Valladolid, Master's Degree in Emergencies and Emergencies for Nursing and Advanced Technician in Environmental Health.
20. C.S. Degree in Audiovisual Communication from the European University of Madrid, certificate in Data Science from the Massachusetts Institute of Technology (MITx).
21. C.M. Degree in Medicine. Speciality in Radiology.
22. C.S. University Diploma in Nursing and Master in Holistic Nursing.
23. C.C. Advanced technician in production programming in mechanical manufacturing and vocational training teacher.
24. D.B. Diploma in Physiotherapy from the University of Malaga.
25. D.R. Technician in Auxiliary Nursing Care.

26. J.L.S. Degree in Medicine and Surgery. Specialist in Family and Community Medicine.
27. E.R. Diploma in Nursing from the Public University of Navarra.
28. E.M. Diploma in Early Childhood Teaching, University of Oviedo.
29. E.A. Diploma in Nursing from the University of the Basque Country.
30. E.G. Auxiliary nursing technician. Psychiatric auxiliary technician.
31. E.M. Diploma in Nursing from the University School of Nursing of Cantabria.
32. E.P. Degree in Dentistry from the University of the Basque Country.
33. E.U. University Diploma in Physiotherapy from the University of Zaragoza.
34. E.V. Doctor of Stomatology. General medicine, University of Valladolid. Stomatologist, Universidad Complutense de Madrid.
35. G.G. Degree in Pharmacy from the University of Navarra and Master's degree in clinical laboratory from the Complutense University of Madrid.
36. G.A. Diploma in Physiotherapy from the University of Valladolid.
37. G.P. Degree in Medicine and Surgery from the UPV-EHU. Specialist in Family and Community Medicine. Master's Degree in Evaluative Medicine.
38. I.B.M. Degree in Odontology from the University of the Basque Country.
39. I.S. Degree in Dentistry from the University of the Basque Country.
40. I.Z. University Diploma in Physiotherapy. University of Valladolid.
41. I.A. University Diploma in Physiotherapy from the University of Zaragoza.
42. I.C.H. Nursing Assistant in Primary Care.
43. University Diploma in Nursing by the University of Granada.
44. I.D.B. University Diploma in Nursing, Universidad Autónoma de Madrid.
45. I.M.B. Degree in Odontology from the University of the Basque Country.
46. I.I. Degree in Pharmacy from the University of Navarra.
47. I.I. University Diploma in Nursing from the University of the Basque Country.
48. I.M.L. University Diploma in Nursing from the University of Murcia and Higher Technician in Radiodiagnosis.
49. I.P. Diploma in Nursing from the UPV/EHU University.
50. I.R. Degree in Psychology from the University of Deusto.

51. I.E. University Diploma in Physiotherapy. Faculty of Health Sciences Blanquerna-URL, Barcelona.
52. J.J.H. Degree in Sociology, UNED.
53. J.A. University Diploma in Physiotherapy, University of Zaragoza.
54. J.M. University Diploma in Physiotherapy, University of Zaragoza and Osteopath, Madrid School of Osteopathy.
55. J.A.G. University Diploma in Nursing.
56. J.M.E. Degree in Psychology from the Complutense University of Madrid.
57. J.M.M. Degree in Medicine. Specialist in Anaesthesiology and Resuscitation.
58. J.R.L. Degree in Medicine. Specialist in Family and Community Medicine and Doctor of Psychology.
59. J.C.A. Auxiliary social and health care technician.
- J.J.M. Degree in Medicine and Surgery from the University of Valladolid. Doctor in Medicine and Surgery from the University of the Basque Country. Specialist in General Surgery and Digestive Surgery.
61. J.A. Diploma in Physiotherapy, Universidad Pontificia de Salamanca "Salus Infirmorum".
62. K.A. Degree in Medicine and Surgery, University of Valladolid.
63. L.M. University Diploma in Physiotherapy, EUGimbernat, Autonomous University of Barcelona.
64. L.U. University Diploma in Nursing from the University of the Basque Country.
65. L.N.M. Degree in Nursing from the Pedro Ruiz Gallo University of Peru, specialising in Gerontology.
66. L.A. Advanced Technician in Radiotherapy and Medical Physics. Degree from the Fundació Bonanova in Barcelona. (Municipal Institute of Health Care).
67. L.F.R. Degree in Medicine from the Universidad Pontificia Javeriana de Bogotá. Specialist in orthopaedic surgery and traumatology.
68. L.A. Technician in Auxiliary Nursing Care.
69. M.C.C. Diploma in Physiotherapy, University of Valencia.
70. M.H. Teacher in Early Childhood Education and Special Education at the University of the Basque Country.
71. M.L. Degree in Medicine and General Surgery, University of Navarra. Speciality in Paediatrics and its Specific Areas.

- 72.M.K. Degree in Odontology from the University of the Basque Country.
73. M.P. Diploma in Physiotherapy, University of Valencia. Doctorate from the University of Seville.
74. M.P. Degree in Medicine.
75. M.E. Degree in General Medicine.
76. M.C. I. Teaching Degree from the University of Alicante. Primary education teacher specialising in English.
77. M.V.M. Degree in physiotherapy from the University of Salamanca.
78. M.C. Diploma in Physiotherapy from the University of Valencia.
79. M.C. Degree in Nursing from the University of León.
80. M.L.M. Physiotherapist by the University of Valladolid and Nurse by the University of Valladolid.
81. M.I.P. Technician in Auxiliary Nursing Care.
82. M.I. University Diploma in Nursing from the University of the Basque Country.
83. M.M. Degree in Medicine from the University of Cantabria. Speciality in Paediatrics
84. M.A.G. Degree in Nursing from the University of Malaga.
85. M.A.M. Technician in Auxiliary Nursing Care.
86. M.B.G. Degree in Medicine and General Surgery from the University of the Basque Country.
87. M.C. University Diploma in Nursing, University of Oviedo.
88. M.C.S. Degree in Medicine and Surgery, University of Cantabria. Speciality in Paediatrics.
89. M.D.P. Degree in Nursing from the University of Valladolid, Master's Degree in Emergencies and Emergencies for Nurses.
90. M.E.T. University Diploma in Nursing.
91. M.J.B. Degree in Psychology, University of Salamanca.
92. M.J.M. Technician in Auxiliary Nursing Care.
93. M.M.R. Degree in Law from the University of the Basque Country. Practising lawyer.
94. M.P.M. Diploma in Nursing, University of Salamanca.
95. M.T.B. Degree in Physiotherapy from the University of Valencia.

96. M.A.G. Technician in Auxiliary Nursing Care.
97. M.C.T. University Diploma in Nursing by the Public University of Salamanca.
98. M.M.M. University Diploma in Nursing from the University of the Basque Country.
99. M.A. Degree in Dentistry, Alfonso X El Sabio University, Madrid.
100. M.J.R. Auxiliary Nursing Technician.
101. M.K.B. University Diploma in Nursing from the University of the Basque Country.
102. M.C.T. University Diploma in Nursing, University of Cordoba (Spain), Specialist in Paediatric Nursing.
103. M.J.O. Degree in Teaching from the "Ausias March" Teaching University, Valencia (Spain).
104. M.G. University Diploma in Nursing, University of Alicante.
105. N.A. Diploma in Nursing from the University of the Basque Country.
106. N.G. Podiatry from the University Alfonso X el Sabio.
107. N.O. Technician in Health Emergencies.
108. O.O. Degree in Odontology.
109. O.B. Physiotherapy /FUB(bages university foundation) Manresa.
110. P.O. Degree in Science of Physical Activity and Sport from the University of the Basque Country; Diploma in Teaching and Primary Education.
111. P.F. Doctorate in Law.
112. P.G. Psychology and anthropology from the University of the Basque Country.
113. P.M. University Diploma in Nursing from the Complutense University of Madrid. Midwife by the Teaching Unit of the Hospital Universitario de La Paz. Master's degree in Health Management from Camilo José Cela University.
114. R.A. Diploma in Nursing from the University of Ponferrada.
115. R.A. Degree in Medicine, University of the Basque Country.
116. G.R. University Diploma in Nursing from the University of Ponferrada.
117. R.T. Diploma in Physiotherapy from the University of Seville and Doctor in Physiotherapy.
118. R.M. University Diploma in Physiotherapy from the University of Murcia.
119. S.L. Diploma in Physiotherapy from the Complutense University of Madrid.

120. S.U. Degree in Medicine and Surgery, Specialist in Family and Community Medicine, University of the Basque Country.
121. S.E. University Diploma in Nursing.
122. S.H. Diploma in Dietetics and Nutrition, University of Navarra.
123. S.T. University Diploma, University of the Basque Country.
124. S.C. University Diploma in Nursing from the University of Vigo.
- 125.U.F. University Diploma in Physiotherapy, Gimbernat University School, Barcelona (University affiliated to the Autonomous University of Barcelona).
126. V.Z. Degree in Nursing from the International University of Catalonia (UIC), postgraduate degree in Anaesthesia and Pain Therapy from the San Joan de Deu University.

Report on Vaccination in Children and Young People

First, this report analyses the unnecessary and harmful nature of the covid 19 [13](#) vaccination strategy developed by the Spanish Ministry of Health aimed at minors [1415](#).

From among the available vaccines, it has been decided to give them the Pfizer/BioNTech vaccine **which has not been fully approved** by the European Medicines Agency (EMA) [16](#).

When most children and young people have **asymptomatic** or **mild** disease, without becoming chronic, it is vital to ask whether it is really necessary to administer these drugs. These drugs are still in the **experimental phase**, as the EMA shows us in the data sheets of these products [1718192020](#), as the Marketing Authorisation Holders (the pharmaceutical companies) have until December 2022 to March 2024 to submit safety and efficacy data. This is why the European Commission has not yet given full marketing authorisation [21](#), and so what they have is a **conditional marketing authorisation** [22](#). This potentially means that, when phase IV is over, these vaccinations could be rejected by the competent authorities as being recognised as unsafe.

Because of the urgency of the current health situation, they have been allowed to be distributed even without knowing their medium and long-term safety, in pregnant women, in people with immunodeficiency, in interaction with other drugs, etc. This means that there is a probability, unknown but existing (if there were not, the European Commission would have already approved them), of unsuspected harm. This could be multiple, and a potential public health problem that could even affect hereditary effects, as is the case with other drugs [23](#).

Following this introduction, we list the reasons why children and young people should not be vaccinated:

1) The WHO states in its document COVID-19 advice for the public: Getting vaccinated, that "**more evidence** on the use of the different COVID-19 vaccines in children is needed to be able to make general recommendations on childhood vaccination against COVID-19" [24](#).

2) Data published in the various pharmacovigilance systems: VAERS [25](#) (Vaccine Adverse Event Reporting System) in the United States and EudraVigilance [26](#) in Europe, indicate that the harm when administering these drugs is greater than expected, compared to other vaccines already known to have been administered for decades. In fact, **myocarditis** is the adverse effect that is occurring most frequently, in a higher proportion than expected, among adolescents [2728](#) and a number of deaths have even been reported, high in proportion to the timing of vaccination in young people, associated with vaccination in minors [29](#).

In other words, **more serious side effects are occurring when injecting covid 19 vaccines** into minors than if they were to acquire immunity naturally as they have done so far.

3) The **survival rate** for the 0-19 age group is **99.997%**. Such a calculation can be made from information provided by the CDC with the number of infected persons, both asymptomatic and symptomatic, who survive³⁰. This **positive result** indicates that this group, in the absence of vaccines and thanks to **natural immunity**, as indicated by recent studies³¹, **successfully overcomes the infection**.

4) The **lethality** data for covid, according to the WHO, is **0.27%** for the sum total of all ages³², but the average mortality is at 85 years. When we look at more recent data on the case fatality rate for children under 14 years of age, this is **0.0094%** according to the report produced by the Spanish Paediatric Association³³ and the Instituto de Salud Carlos III³⁴.

A total of 26 children under the age of 20 have died since the pandemic began, all of them with very serious pre-existing conditions. As confirmed by the study "Low COVID-19 mortality in Spanish children"³⁵ the child fatality rate up to 21 February in the age group **0 to 9 years** is 0.18 per 100,000 children, i.e. **0.00018%**, or a total of 8 deaths. While in the **10-19 age group** there have been 18 deaths in total, or **0.00037%**. And the study confirms that, in all cases, with severe comorbidities, it is likely that covid, although present according to a test result, was probably not the cause of death. Current scientific literature seems to suggest that it is **very difficult for minors to become ill** with covid 19 due to the rapid and effective response of their immune system and because they have fewer ACE2 receptors than adults³⁶³⁷.

In short, the lethality and mortality³⁸ from covid for children and young people is very low or non-existent. And while it could be argued that protecting against a single death justifies immunising the entire child population, this argument is not taking into consideration that **the vaccine is NOT safe**, it is still experimental and therefore of undetermined risk.

5) Both children and adolescents **have suffered the negative effects of confinement**³⁹. A factor that could have increased their chances of becoming ill⁴⁰, as being forced to stay cooped up at home has not only **radically changed their lifestyle** but has also led to an increase in **stress, sedentary lifestyles**, risk of other **infectious diseases**⁴¹ and other serious problems such as an increase in **suicides**⁴². Even so, their **immune system**, as explained above, has shown remarkable robustness against disease.

6) The Committee for Medicinal Products for Human Use explains that no rare side effects could be detected because the trial **involved a small group of children**⁴³. And since the data obtained in adult studies **cannot be extrapolated to children and adolescents**, as their physiological and pathophysiological characteristics are

different⁴⁴, we conclude **that in the absence of sufficient guarantees** of safety, our children **could suffer serious harm**, both in the short and long term.

7) For years, various studies⁴⁵ have been warning of a serious problem that still exists today, namely the **underreporting of the adverse effects of medicines**, which is visible in other recent reports⁴⁶⁴⁷⁴⁷⁴⁸. The causes are often a lack of time for workers to register it, not considering it important, etc. But also failures in the registration systems themselves have serious consequences. As a result, infant mortality in Spain soared **erronically**⁴⁹ affecting the results of the study⁵⁰ published in the internationally prestigious journal *The Lancet* which had to **correct** the information as **false**. This was stated by the Spanish Society of Paediatric Infectious Diseases⁵¹ in a press release. As these are experimental vaccines, it is already difficult to record adverse effects because they are not yet known and a complete safety profile is not yet available. This **increases our distrust** of a pharmacovigilance system that does not seem to be working as we expect.

8) In the legal section on vaccination on the website of the Spanish Association of Paediatrics⁵², it is stated that vaccines are prescribed by the competent health body, and that the Health Administration is responsible for financial damages caused by them, in specific cases. Above all, we are concerned about the long-term damage, taking into account that many of the people who participated in the control group have already been vaccinated, so there is no population that can serve as a reference⁵³ to prove that the vaccine is the cause of this damage. In addition, pressure from pharmaceutical companies⁵⁴ is hampering research in this area. There is a lot of uncertainty about these previously unused drugs in humans. The fact that the Ministry of Health, with the support of the Government, is the one promoting this vaccination campaign with a drug that generates so many doubts, makes us feel distrustful and lack of support for these entities that we believe should protect children, young people and adults.

9) The end date set by the European Medicines Association for changes to the Paediatric Investigation Plan (PIP) is 2024⁵⁵, i.e. until then there will be no solid data on the safety and efficacy of this vaccine.

10) In a speech on 27 April, the Spanish Finance Minister, María Jesús Montero, stated that **100% of people over 80 years of age have already received the first dose**, while around 70% have received both doses⁵⁶. If the vaccine immunises, and **risk groups are already vaccinated**, why vaccinate children? Protecting adults at the cost of **endangering** children and young people is not an ethical motive. Considering vaccination as a condition for a way out of the pandemic is highly debatable.

11) A large group of British doctors have written a letter⁵⁷ to the chief executive of the UK Medicines and Healthcare products Regulatory Agency, highlighting ethical and safety concerns about covid 19 vaccination in children. As they say in the letter, **"first do no harm"**. This knowledge is enshrined in the Hippocratic oath, and **it is worth remembering**. For all medical interventions carry a risk of harm, and therefore caution and proportion must be exercised.

12) By stopping vaccination in children and young people, we can avoid repeating the same mistakes that occurred with other vaccines that were administered under similar conditions to the current ones. As, for example, with the Pandemrix⁵⁸ vaccine, which produced narcolepsy among young people aged 4 to 18 years, or Dengvaxia, for dengue fever, which was found to have the potential to exacerbate dengue cases in children who had never been infected before, leading to the suspension of the campaign in the Philippines⁵⁹⁶⁰.

13) Stephanie Seneff, a senior research scientist at MIT in Cambridge, and Greg Nigh, a medical oncologist in Portland, have produced a peer-reviewed publication on the possible unintended consequences of covid vaccines. Seneff and Nigh's work suggests that the induced spike protein is toxic and thus causes multiple diseases, and that these vaccines may generate an antibody-dependent potency that triggers serious health problems⁶¹.

14) The suggestive persuasion used by the media⁶²⁶³⁶⁴ to address the issue of the pandemic is visible when emotions are continuously appealed to, such as, for example, fear. In this way, associating an emotion with a concept leads to a change in behaviour. Gemma Craywinckel, the director of CatSalut, made this statement published in La Vanguardia: "We have not been able to transmit fear to the population. I am worried that people will continue to go out, that they will generate confrontations with the forces of order when they try to make them go home with the curfew"⁶⁵. If it is being considered and treated as such a serious health problem, which in itself should already have an impact, it seems illogical to us to try to manipulate the population with the tool of fear in order to raise awareness. This leads us to doubt that the seriousness transmitted is equivalent to the real one, as it requires an extra effort to try to make people perceive it as a threat, especially now that they want to carry out this vaccination campaign on children and young people who are being mistreated psychologically and criminalised.

In conclusion, there is NO evidence to justify mass vaccination with hastily approved experimental products in a healthy population with virtually no risk of covid 19. There is also no data to justify the assumption of harm from vaccines.

References

1. Reino Unido opta por no vacunar a menores de 18 contra COVID. <https://www.20minutos.com/noticia/316165/0/reino-unido-opta-por-no-vacunar-a-menores-de-18-contracovid/>
2. <https://elpais.com/sociedad/2021-07-23/el-reino-unido-reabre-el-debate-sobre-vacunar-a-los-adolescentes-lo-descarta-por-estimar-bajos-los-beneficios.html>
3. <https://www.openvaers.com/covid-data/mortality>
4. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>
5. <https://www.ine.es/jaxi/Datos.htm?path=/t20/e245/p08/l0/&file=01002.px>
6. <https://academic.oup.com/cid/article/72/12/e1146/6024998>
7. <https://www.aemps.gob.es/la-aemps/ultima-informacion-de-la-aemps-acerca-del-covid%E2%80%9119/vacunas-contrala-covid%E2%80%9119/desarrollo-de-vacunas/>
8. https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Actualizacion_171_COVID-19.pdf
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