The Director, Claire Loftus
Office of the Director of Public Prosecutions
Infirmary Road
Dublin 7  D07 FHN8

16 September 2020

Dear Director,

I wish to bring to your attention a matter of the gravest concern and would ask that, through the exercise of your statutory powers, you take action along the lines suggested in this letter to protect the public interest.

The matter relates to a programme which the Government has approved for implementation in Irish schools and childcare centres in the coming weeks whereby every child in the age bracket 2-12 years will receive 1-2 doses of a nasal flu vaccine known as Fluenz Tetra, distributed by the pharmaceutical company, AstraZeneca (See **Appendix A**):

> "For the first time in a long time, perhaps for the first time ever in Ireland, we will be extending the vaccine to children below the age of 12, as well as more at-risk groups… In addition to those 1.35 million doses, 600,000 doses of the nasal drop vaccine for children have been ordered. That would provide for a 75% uptake among children… We are planning for an uptake of 75% among children. Typically, in countries that provide the flu vaccine for kids, the rate of uptake is in the region of 50%. The rate in the UK is around that mark and in Finland it is 20%." - Announcement in the Dáil by L Varadkar, Deputy Prime Minister, 9 July 2020.

From what I can ascertain, the Government does not have the statutory authority to implement such a programme. Furthermore, the proposed vaccine is potentially harmful and whatever benefits it might be expected to confer are far outweighed, by several orders of magnitude, by the threat that it poses to the general public.

In addition, there are strong indications that the Government proposes to go ahead with the programme without securing informed written consent in each case from the parents of the children affected. Given the information set out on the relevant websites (Department of Health, HSE), which ignore entirely the question of parental consent, it would appear that the Government intends every child in the age bracket 2-12 to receive the vaccine unless his or her parents expressly forbid it. There is therefore a presumption that every child has "opted in" unless the child's parents have intervened and expressly withheld their consent.

**Supposed benefits**

Let's begin by looking at the benefits that are supposed to accrue from a programme like this, a programme which has never been undertaken before in this country. The risk of a child contracting flu is known to be very low, much lower than the risk among the elderly. Furthermore, it is known that when they do, they cope fairly well and do not normally run the risk of life-threatening complications. Given that AstraZeneca cannot guarantee that the vaccine will prevent flu, the expected benefit from this product for the overwhelming majority of children aged 2-12 is effectively zero.

Parents who are concerned that their child may contract flu have the option already of taking their child to the GP and having him or her vaccinated – in their own time, at their own volition, and at their own expense. The state has no authority to implement a nationwide programme, at considerable cost to the taxpayer, to cater for the very small percentage of parents – probably less than 1% – who would like to have their child vaccinated with a product of doubtful efficacy in order to guard against the slim possibility that he or she may contract an illness which will cause no serious harm.

**Limits to the Minister's powers**

Having said this, the limitations on the authority of the state in such matters go far beyond any consideration of the waste and expense involved. To the extent that the state decides to introduce such a programme it is incumbent upon it to show (a) that the programme is necessary (which, as we have shown, it is not), (b) that the product is reliably effective (which, as we know, it is not), and (c) that the product is perfectly safe and will not harm any of its recipients. On this latter point, the state has exceeded it authority to such a degree that the actions of the Minister for Health and the Chief Medical Officer, in approving this programme, amount to reckless endangerment [See Section 13 of the Non-Fatal Offences Against the Person Act, 1997].

We will now show why this is so.

**Live vaccines increase the risk of serious bacterial infections**

In their detailed study published by the American Society for Microbiology (18 February 2014), **Live Attenuated Influenza Vaccine Enhances Colonization of *Streptococcus pneumoniae* and *Staphylococcus aureus* in Mice**, M J Mina *et al* showed that live attenuated influenza vaccines – such as Fluenze Tetra – make recipients much more susceptible to bacterial infections. They state, "Indeed, in the absence of preexisting comorbidities, bacterial infections are a leading cause of severe disease during influenza epidemics." They identified this finding as one of particular importance:

> "IMPORTANCE Following infection with an influenza virus, infected or recently recovered individuals become transiently susceptible to excess bacterial infections, particularly *Streptococcus pneumoniae* and *Staphylococcus aureus*. Indeed, in the absence of preexisting comorbidities, bacterial infections are a leading cause of severe disease during influenza epidemics. While this synergy has been known and is well studied, what has not been explored is the natural extension of these interactions to live attenuated influenza vaccines (LAIVs). Here we show, in mice, that vaccination with LAIV primes the upper respiratory tract for increased bacterial growth and persistence of bacterial carriage, in a manner nearly identical to that seen following wild-type influenza virus infections."

They would appear to have been the first to publish a study on this phenomenon:

> "Our findings are, to the best of our knowledge, the first to demonstrate that vaccination with a live attenuated viral vaccine can directly modulate colonizing dynamics of important and unrelated human bacterial pathogens, and does so in a manner highly analogous to that seen following wild-type virus infection."

**Failures by the Department of Health**

Is the Department of Health informing the public of this? Do Irish parents know that Fluenz Tetra – an LAIV – will prime the upper respiratory tract of their child "for increased bacterial growth and persistence of bacterial carriage"? Are they being told that, since "bacterial infections are a leading cause of severe disease during influenza epidemics", there is a real possibility that their child could fall seriously ill after receiving Fluenz Tetra?

Risks like these are not listed as known side-effects by AstraZeneca because their product did not contain the pathogen that made the child ill. They ignore the fact that their product makes a child far more susceptible to infection by one or more pathogens that can cause serious illness.

**Claims by the pharmaceutical industry**

AstraZeneca maintain that their product is safe and that it has a good track record. Seemingly it was first used in schools in the UK in 2013. However, the claim that the product distributed in the UK, under the name 'Fluenz Tetra' is the same product being distributed by the Irish government in 2020 (under the same name) is untrue. The product used in the UK in 2016 contained the following active ingredients – four strains of live attenuated flu viruses:

A/California/7/2009 (H1N1)pdm09 - like strain
(A/Bolivia/559/2013, MEDI 255962)

A/Hong Kong/4801/2014 (H3N2) - like strain
(A/New Caledonia/71/2014, MEDI 263122)

B/Brisbane/60/2008 - like strain
(B/Brisbane/60/2008, MEDI 228030)

B/Phuket/3073/2013 - like strain
(B/Phuket/3073/2013, MEDI 254977)

As you can see, three of these differ from the four strains found in the product that will be distributed in Ireland. A product can only have a track record if it remains unchanged. Otherwise we are talking about different products.

**Safety considerations**

This year's version of the product known as 'Fluenz Tetra' has not been tested. In effect, the children of Ireland are being used as guinea-pigs to determine both the efficacy and the safety of this product. Whatever trials AstraZeneca may have conducted for this purpose, they cannot possibly have taken account of the long-term effects of this edition of 'Fluenz Tetra'. In fact, apart from symptoms that may have emerged among trial participants within a few weeks of receiving the 2020 vaccine, AstraZeneca has absolutely no idea how this product will affect children over a longer period of time.

We need to have regard also to the fact that the product is genetically modified. I am not aware of any vaccine in use in Ireland which has been genetically modified. The Government has approved the introduction of a revolutionary new technology, with far-reaching ramifications for human health, without conducting an in-depth review of any kind into its safety, without consulting the public and knowledgable professionals, and without any regard to the concerns expressed in numerous respected studies regarding the risks associated with the use of GMOs in healthcare products.

Normally GMOs give rise to public concern when marketed as food products, but we are not speaking here of a food product, which can be ingested, metabolised and excreted, but of a substance which will be absorbed directly into the child's tissues and bloodstream, and which may even pass the blood-brain barrier. The risk of "unintended consequences" must be a thousand times greater when GMOs are allowed to enter the body in this way. No pharmaceutical company, regardless of how much testing it did, would ever be able to prove that such a product was safe. It is mathematically impossible. The companies which claim they can are simply lying.

**Irish parents are asked to gamble with the health of their child**

Irish parents are being asked to gamble with the health of their child (See **Appendix C** for a list of 9 reasons why no Irish parent should allow their child to be vaccinated with Fluenz Tetra). On the one hand they are offered the possibility, via Fluenz Tetra (2020 version), that their children will enjoy a slightly increased level of protection against a temporary flu-like illness which, if they succumbed to it, would almost certainly have no lasting impact on their health. In return for this "promise" they are asked to run the following risks:

(1) That their child may turn out to be one of the recipients whom we know, statistically speaking, are certain to suffer permanent and severe injury from the vaccine.

(2) That their child may turn out to be one of the recipients who suffer serious temporary illness from the vaccine. The proportion in this category is negligible according to AstraZeneca but pharmaceutical companies are notorious for their propensity to blame such illnesses on other causes. The study by MJ Mina, cited above, is proof of this.

(3) That their child may suffer long-term adverse effects – metabolic, neurological, developmental, etc – from the unknown biochemical properties of the genetically modified ingredients in the vaccine. By definition it is impossible to know what these might be, how many children they might affect, or what degree of impairment might result.

(4) That the live nature of the vaccine strains, albeit attenuated, may lead to "shedding" for up to 28 days after the vaccine is administered. This is a well-attested phenomenon where recent recipients of a live virus can pass it on to others. Shedding can cause someone with a weakened immune system to contract the illness which the vaccine was intended to guard against. If 75% of children in the age bracket 2-12 years receive the vaccine, as the Government intend, then there is a real possibility that these children, 700,000 or more, will spark a raging flu epidemic this winter among the rest of the population (total 5m). One person in 7 in the Republic of Ireland will be a potential "carrier".

It should be noted that the flu vaccine that the Minister for Health has approved for adults – Quadrivalent Influenza Vaccine (2020) made by Sanofi Pasteur (see **Appendix B**) – does <u>not</u> contain a live virus! Neither is it genetically modified! Why are children being given a live virus when it is known that they are a much stronger vector for infection than adults? And why are they being given a genetically modified vaccine when adults are not?

If the industry is so confident that its product is safe, why is it not required under Irish law to accept any liability for the harm it may cause? And why has the Irish government seen fit to grant this industry a significant commercial exemption which is not enjoyed by any other industrial sector or profit-seeking enterprise? It beggars belief.

These risks (1-4 above) are very serious and very real. Nevertheless they are disregarded by the Government. This failure – for which the Minister for Health and the Chief Medical Officer are primarily responsible – is simply inexplicable. Since it amounts to reckless endangerment the programme is unlawful and should be terminated.

Both the Minister for Health and the Chief Medical Officer have failed in their duty to safeguard the health of the Irish people. They have approved a course of action which entails a level of risk – for the country as a whole – which is grossly disproportionate to the expected benefits. They have accepted uncritically and at face value the claims made by the vendors, who will profit considerably from this programme, and failed to undertake any independent assessment of the validity of these claims. They have also taken at face value the claims made by the World Health Organization – which is heavily funded by the pharmaceutical industry – regarding both the safety and efficacy of flu vaccines intended for children.

In short, they are allowing the pharmaceutical industry to decide, or exercise undue influence over, important aspects of Irish medical policy.

I would ask that, in your prosecutorial role and as a matter or urgency, you initiate legal proceeedings against both the Minister for Health and the Chief Medical Officer on a charge of reckless endangerment and for serious failures in their handling of the matter, and that you advise the government that, in light of these failures, the Fluenz Tetra programme is **unlawful** and should be **terminated immediately**.

Yours sincerely

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Robert Pye
130 Hillside
Greystones
Co Wicklow A63 CX93

c.c. Selected individuals and websites which have expressed concerns about the Fluenz Tetra programme.

# APPENDIX A

## Fluenz Tetra, 2020

**What Fluenz Tetra contains**

The active substances are:
Reassortant influenza virus* (live attenuated) of the following four strains**:

| | |
|---|---|
| A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09 - like strain (A/Hawaii/66/2019, MEDI 326775) | $10^{7.0\pm0.5}$ FFU*** |
| A/Hong Kong/2671/2019 (H3N2) - like strain (A/Hong Kong/2671/2019, MEDI 325078) | $10^{7.0\pm0.5}$ FFU*** |
| B/Washington/02/2019 - like strain (B/Washington/02/2019, MEDI 323797) | $10^{7.0\pm0.5}$ FFU*** |
| B/Phuket/3073/2013 - like strain (B/Phuket/3073/2013, MEDI 306444) | $10^{7.0\pm0.5}$ FFU*** |

.....per 0.2 ml dose

* propagated in fertilised hens' eggs from healthy chicken flocks.
** produced in VERO cells by reverse genetic technology. This product contains genetically modified organisms (GMOs).
*** fluorescent focus units.

This vaccine complies with the WHO (World Health Organisation) recommendations (Northern Hemisphere) and EU decision for the 2020/2021 season.

From package insert published on the HSE website.

Product distributed by AstraZeneca.

The product is a nasal spray suspension seemingly intended primarily for children in the age bracket 2-12 years. Children in this age bracket who have not previously received a flu vaccine will be given a second dose 4 weeks later.

# APPENDIX B

## Quadrivalent Influenza Vaccine, 2020

**What Quadrivalent Influenza Vaccine (split virion, inactivated) contains**

- The active substances are: Influenza virus (inactivated, split) of the following strains*:

A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09 - like strain (A/Guangdong-Maonan/SWL1536/2019, CNIC-1909)…….. 15 micrograms HA**

A/Hong Kong/2671/2019 (H3N2) - like strain (A/Hong Kong/2671/2019, IVR-208)…….. 15 micrograms HA**

B/Washington/02/2019 - like strain (B/Washington/02/2019, wild type).....15 micrograms HA**

B/Phuket/3073/2013 - like strain (B/Phuket/3073/2013, wild type)……..15 micrograms HA**

Per 0.5 mL dose

* propagated in fertilised hens' eggs from healthy chicken flocks
** haemagglutinin

This vaccine complies with the WHO (World Health Organisation) recommendations (Northern Hemisphere) and EU decision for the 2020/2021 season.

From package insert published on the HSE website.

Product distributed by Sanofi Pasteur.

Product deemed suitable for both adults and children aged 6 months or older.

Adults and children receive the same dose (0.5mL by injection). Children under age 9 years who have not previously received a flu vaccine will be given a second dose (0.5mL by injection) 4 weeks later.

**APPENDIX C**

## Nine objective, verifiable reasons why parents should not allow their child to take the Fluenz Tetra vaccine

We offer below 9 solid reasons why parents should NOT allow their child to receive this product.

### REASON #1. Low effectiveness

Most of the studies which purport to show that flu vaccines are effective are funded by the pharmaceutical industry or persons with links to the industry. Independent pediatricians are rarely consulted. The *British Medical Journal* sometimes carries comments from experienced pediatricians who are adamant that the companies greatly exaggerate their effectiveness. Here is one from a retired pediatrician dated June 7, 2019:

> In spite of all of the observational studies reporting "vaccine effectiveness" we still do not know if annual flu shots have done more overall good than harm – for the general public, for high risk groups, or for health-care workers. Some studies have shown that flu shots and the nasal vaccines have sometimes **increased** the risk of influenza and other viral respiratory infections. We need the long-term, multicenter, randomized trials suggested by Kenneth McIntosh in a 2000 *NEJM [New England Journal of Medicine]* editorial, but never carried out. It is possible that annual flu shots have reduced our collective immunity and increased our risks for when the "Big One" next appears. – Dr Allan Cunningham

It is important to note that the CDC, which regulates the vaccine industry in the US, stopped recommending the nasal flu vaccine in 2016 because it had proven to be almost completely ineffective over the previous three years. However, it reversed its decision in February 2018.

### REASON #2. Side effects

Many children who receive the nasal vaccine often experience flu-like side effects, including a fever, runny nose, cough, sore throat, muscle ache, headache, and fatigue. There is also a significantly increased risk of contracting a respiratory infection that is not flu-related. As one study stated: “We identified a statistically significant increased risk of noninfluenza respiratory virus infection among TIV recipients, including significant increases in the risk of rhinovirus and coxsackie/echovirus infection…” [emphasis added] [TIV means trivalent inactivated flu vaccine] - *Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine*, B J Cowling etc, *Clinical Infectious Diseases* 2012:54, 15 June.

The authors went on to say: “The phenomenon of virus interference has been well known in virology for >60 years. Ecological studies have reported phenomena potentially explained by viral interference.”

Objective studies which attempt to answer many questions about the effectiveness of flu vaccines and, in particular, their possible adverse effects, are not being conducted. As Professor Peter Collignon (Australian National University) and others stated, “There is a dearth of placebo-controlled studies in children where efficacy vs harms with these vaccines can be examined.” - *Clinical Infectious Diseases*, Volume 60:3, 2015

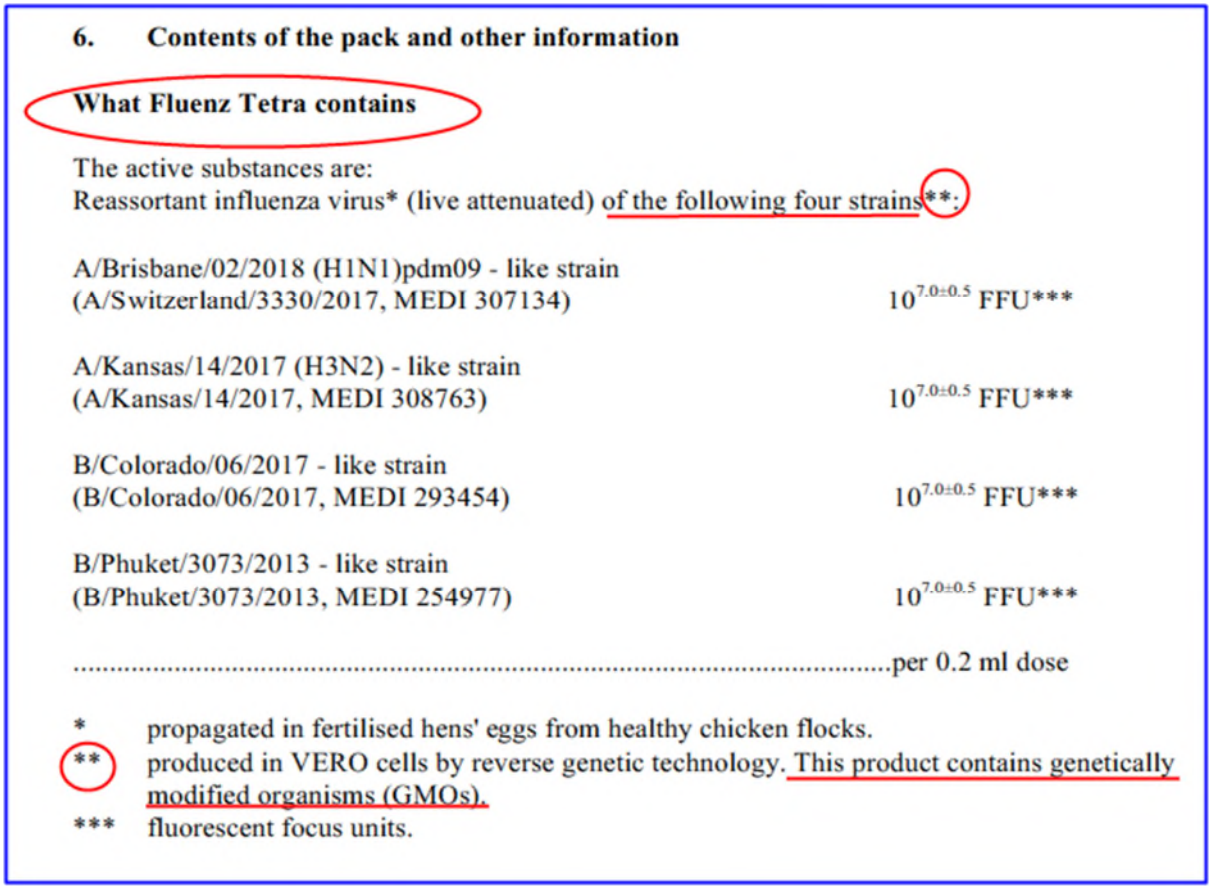
The pharmaceutical companies should conduct such studies, which must be placebo-controlled and randomized to be meaningful, but have failed to do so. As Collignon and his colleagues stated: “If, overall, the increased number of cases of ARI [acute respiratory infection] plus vaccine side effects are much higher than those on placebo, given the low efficacy of the vaccine, then this is a strong argument against current policies advocating routine influenza vaccination of children.”

## REASON #3. Known toxicity of vaccines

Dozens of independent studies have shown that many of the ingredients in vaccines are harmful to human health. The reason this is not generally understood is that the pharmaceutical companies have a stranglehold over the regulatory process and are thus able to downplay – and even disregard – the toxicity of their products. They are also able to fund studies which “prove” their products are “safe” by reference to criteria and standards which they alone decide. These companies also avoid conducting robust or convincing studies that use a rigorous scientific methodology, namely randomized, double-blind, placebo-controlled trials in a large population. Neither will they allow independent researchers to access their data, in particular data that would reveal the full extent of the reported adverse effects.

## REASON #4. Fluenz Tetra is genetically modified.

While we offer many reasons to show that the nasal flu vaccine should be rejected by parents, this one reason should suffice. As far as we know, no member of the government, and no representative of the Department of Health, the Health Service Executive, or the Irish medical establishment has alerted the public to the fact that Fluenz Tetra is a GMO:



**6. Contents of the pack and other information**

**What Fluenz Tetra contains**

The active substances are:
Reassortant influenza virus* (live attenuated) of the following four strains**:

A/Brisbane/02/2018 (H1N1)pdm09 - like strain
(A/Switzerland/3330/2017, MEDI 307134) $10^{7.0\pm0.5}$ FFU***

A/Kansas/14/2017 (H3N2) - like strain
(A/Kansas/14/2017, MEDI 308763) $10^{7.0\pm0.5}$ FFU***

B/Colorado/06/2017 - like strain
(B/Colorado/06/2017, MEDI 293454) $10^{7.0\pm0.5}$ FFU***

B/Phuket/3073/2013 - like strain
(B/Phuket/3073/2013, MEDI 254977) $10^{7.0\pm0.5}$ FFU***

.....per 0.2 ml dose

* propagated in fertilised hens' eggs from healthy chicken flocks.
** produced in VERO cells by reverse genetic technology. This product contains genetically modified organisms (GMOs).
*** fluorescent focus units.

**From the package insert for Fluenz Tetra released by the HSE.**

Many people do not appreciate the complex range of health issues that arise from the use of genetically modified organisms (GMOs) in foodstuffs and medical products. The industries which use GMOs continue to claim they are safe, but are unable to prove that this is the case. They take cynical advantage of the fact that private individuals are unable to finance the expensive clinical trials that would be needed to prove – in strictly scientific terms – that a given GMO was unsafe. Even if such a trial were conducted, the industry would then fund several other studies which purported to "prove" otherwise. Furthermore, the industry never allows itself to be hampered by the 'Precautionary Principle', an internationally recognized rule which forbids the use or marketing of products which entail potential risks which, in severity and scope, far outweigh any possible benefit. The Precautionary Principle is designed to prevent manufacturers from using the public as a testing ground for their products. Unfortunately, when a vaccine is produced using a GMO, that is exactly what is happening.

**"A prudent man foreseeth the evil, and hideth himself:**
**but the simple pass on, and are punished."**
**- Proverbs 22:3**

A genetic modification makes potentially far-reaching changes to the biochemical characteristics and behavior of an organism. It is literally impossible to conduct a clinical trial that will test and evaluate all of these effects. The industry gets around this by placing the burden of proof on the public. The pharmaceutical companies have decided, with the collusion of governments and regulatory agencies, that it is "safe" to use these products until someone, somewhere conducts a scientific study which proves otherwise. It is difficult enough to do this with naturally occurring organisms, but with a GMO the cost burden, along with other complicating factors, present an impossible obstacle.

Any parent who allows their son or daughter to receive Fluenz Tetra is permitting the state to infect his or her immune system with a genetially modified organism the safety of which has not, and cannot be, fully tested.

What is the level of risk involved? Who can say? That's why this is such a serious matter! There is no way to undo the effects of the vaccine after it has been administered. As we have seen, the benefits, if any, are negligible. So why would any parent run the risk? Why would they commit irreversibly the welfare of their child to an industry which seeks only to maximize its profits, an industry whose reputation is deeply tarnished (to say the least), and which has been shown time and again to cause harm – both injuries and fatalities – with its products?

## REASON #5. The pathogens in the vaccine are live

The nasal spray flu vaccine is sometimes called an LAIV – live attenuated influenza vaccine. Here is what Wikipedia says in its article on this subject:

> "Even though the virus in LAIV is attenuated (low in virulence), it is still a living virus, and may cause an infection with complications in people with weakened immune systems or other underlying medical conditions."

How many parents know whether their child may have, at any given time, a weakened immune system? If their child has an underlying medical condition which has not yet been diagnosed, they obviously run a much greater risk by giving their child an LAIV.

Most of these products are tested on healthy children, with no underlying health conditions or no detectable infections. No parent is able to say with certainty whether or not their child is brewing an infection. Many bacterial and viral infections take 3-5 days to incubate and show no observable signs during that period.

Live attenuated vaccines can pose a threat to others, both children and adults, who come in contact with the child after he or she has received the nasal spray treatment. Live viruses can be dispersed by the person who receives the vaccine, a phenomenon known as "shedding." This is why the industry recommends that a child not receive the vaccine if another person in the child's home has a severely weakened immune system.

If, as the government has stated, 75% of children aged 2-12 receive the vaccine then, by our estimation, over a million adults will risk being exposed to four different strains of live attenuated flu virus in the coming months, SOLELY on foot of the government's program.

Please think about this. The implications are very disturbing.

## REASON #6. Pharmaceutical companies accept no liability

If the pharmaceutical companies were marketing a safe and effective product, they would accept liability for any damage it might cause. However, for decades they have avoided all liability for the injuries caused by their vaccines. Instead, in the US, the government has established a vaccine injuries compensation board to hear cases and make compensatory awards. Similar arrangements operate in many other countries.

The industry in Ireland accepts no liability and pays nothing to claimants. It can manufacture and market whatever products it wants, secure in the knowledge that, if they cause harm to recipients, the company involved cannot be held accountable.

This is truly astonishing. No other industry enjoys this kind of legal protection! It shows how corrupt the industry is that it can extract concessions of this magnitude from the government.

This reason is as powerful as #4 above. By itself it is proof positive that the industry is fully aware of the harm caused by its vaccines and that it cannot be trusted to act with integrity.

## REASON #7. Adverse health incidents are being suppressed

Awards made under the various vaccine injuries compensation schemes are usually subject to a gagging clause. Details of the harm done to a child cannot be made generally known. Neither can families discuss the suffering they had to endure as they watched the health of their son or daughter deteriorate. Cases involving paralysis and brain damage are especially harrowing. If the general public came to know of these cases, they would be horrified, and the industry knows this. So, as the wheel of vaccine roulette continues to turn – reaping huge profits for the industry – a cynical system of censorship prevails.

In addition to this, the system for collecting data on vaccine injuries is known to be defective. General practitioners may not connect a newly diagnosed health condition with a vaccine administered, say, 12 months previously. Since all such cases will go unrecorded and unreported, a complete picture of the harm caused by vaccines is not being assembled. Also, it is known that, even in cases where a pediatrician may realize that a vaccine was a cause or a contributory factor, he or she is unlikely to report it if the adverse effect appeared to be temporary.

## REASON #8. Fluenz Tetra has already caused vaccine injuries

The Tribunal which ruled in a case brought under the UK's Vaccine Damage Payments Act 1979 made the following judgment:

> Did the vaccination with Fluenz Tetra cause [redacted]'s narcolepsy?
>
> 24. In our expert medical opinion, we are satisfied on a balance of probabilities that it did. We accept that there are no epidemiological studies which support a link between the Fluenz Tetra vaccination and the commencement of narcolepsy, but we agree with Mr Todd, that the absence of any large-scale study is neutral, it nether supports a causative link nor does it disprove a causative link. What we know is that [redacted] was vaccinated with Fluenz Tetra on the 24 Nov. 2014 and that subsequently she started to suffer from narcolepsy of a type which would require a trigger and that something must have triggered the onset, accordingly and whilst an epidemiological study may well have helped, its absence does not decide the appeal.

**Above: Extract from the redacted judgment dated 6 March 2020**

The individual in question received the vaccine on 24 November 2014 when she was aged 11. The following March she began to experience episodes of narcolepsy. These have continued every since, causing her much physical and mental distress.

The application had been turned down several times before it finally came before the Tribunal. Over a period of 4 years a number of different medical assessors were unable to find a causal connection between the vaccine and the girl's narcolepsy. However, on the basis of the reasoning set out in the above extract, the Tribunal was satisfied that "on a balance of probabilities" the vaccine did cause the narcolepsy.

Her narcolepsy was caused by damage to neurons in her hypothalamus when material from the vaccine crossed the blood-brain barrier, triggering an automimmune dysfunction. She was fortunate, in a sense, that in her case the elapsed time between receipt of the vaccine and the onset of her narcolepsy was less than 6 months. It could just as easily have been a longer period, making it harder to connect the vaccine with the adverse reaction. Many pediatricians believe that the 'delay' or time lag between these two events has prevented a great many cases of vaccine injury from being properly diagnosed.

In a case heard by the High Court in Dublin in 2019, which lasted 21 days, the claimant (Aoife B) alleged that, within weeks of receiving the Pandemrix swine flu vaccine in 2009 at age 16, she began to experience bouts of extreme tiredness. She was later diagnosed with narcolepsy. After incurring a €4 million bill for legal and other costs, the state eventually settled for an undislosed sum without any admission of liability.

There are at least a hundred similar cases in Ireland of injuries caused by the same product, which was marketed by GlaxoSmithKline. The case of Aoife B was the first to reach a settlement – after ten years of aggressive opposition by the state. This is the ordeal that victims and their parents have to endure under the Irish political system. The Department that lures Irish parents into giving these unsafe products to their children, risking lifelong harm in the process, is the same Department that then spends millions of euros trying to prevent the truth from coming out.

The vaccine policy pursued by the Irish government is the one drawn up by the pharmaceutical companies who profit from it. It has little or nothing to do with the health of Irish children – who have never needed these insidious products in the past and who have secured no obvious net benefit from their introduction.

## REASON #9. Fluenz Tetra side effects mimic Covid-19

According to the package insert for Fluenz Tetra, which may be found on the HSE website, the vaccine dose can be expected to cause the following side effects in 1 out of 10 cases: runny nose, reduced appetite, weakness, fever, muscle aches, headache. Any child who presents with these symptoms could be asked by a school nurse or medical professional to take a Covid-19 test. Since the Covid test is both unreliable and unscientific the child could test positive for a virus which he or she does not have. This could result in the child being placed in quarantine at home or – worse – in a state run facility.

## Four basic questions for every parent

Before any parent allows the state to administer this product, they should ask themselves the following four questions:

(a) What benefit can I expect my child to receive from this product?

(b) What risks arise from taking a genetically modified vaccine containing four live attenuated viruses?

(c) Can I afford to ignore the many known cases of serious injury caused by childhood vaccines?

(d) Can I trust the information supplied by an industry which will not accept any legal liability for its products?

If the benefits expected at (a) above do not vastly exceed the risks arising from (b), (c) and (d), then it would be **morally wrong and grossly unjust** for any parent to require their son or daughter to receive this product.