
Why does ATAGI recommend COVID-19 mRNA injections for children? Email to Australian Health Minister Mark Butler

Elizabeth Hart <elizmhart@gmail.com>

Fri, Nov 18, 2022 at 3:06 PM

To: minister.butler@health.gov.au

Cc: "Rennick Gerard (Senator)" <senator.rennick@aph.gov.au>, "Antic, Alex (Senator)" <senator.antic@aph.gov.au>, Malcolm Roberts <senator.roberts@aph.gov.au>, ATAGI Secretariat <atagi.secretariat@health.gov.au>, Emma McArthur <ejminoz@gmail.com>

For the attention of:

Mark Butler
Minister for Health and Aged Care
Australian Government Department of Health and Aged Care

Mark Butler, **it appears children are at low risk of COVID-19 - so why does the Australian Technical Advisory Group on Immunisation (ATAGI) recommend COVID-19 mRNA injections for children?**

According to Department of Health and Aged Care statistics, 2,173,896 children aged 5-15 years have had at least one Covid jab, with 1,874,208 children aged 5-15 years having two Covid jabs. (As at 16 November 2022.)

But again, **as children are at low risk of COVID-19, why are parents/carers being pressed to have children injected with these novel mRNA pharmaceutical products? Has 'valid informed consent' been properly obtained before the administration of these medical interventions?**

Please see below my email to Nigel Crawford, Chair of ATAGI, questioning ATAGI's recommendation for COVID-19 mRNA injections for all children aged 5 to 11 years - **the questions raised are relevant to children of all ages, and indeed to adults also.**

I have not received a response from Nigel Crawford to my email dated 22 April 2022, i.e. nearly seven months ago...

Mark Butler, **I request your department provide a response to my queries raised in my email to Nigel Crawford.**

Yours sincerely
Elizabeth Hart

**Independent researcher investigating vaccine products and conflicts of interest in vaccination policy
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----- Forwarded message -----

From: **Elizabeth Hart <elizhart8@gmail.com>**

Date: Fri, Apr 22, 2022 at 1:11 PM

Subject: Why does ATAGI recommend COVID-19 mRNA injections for all children aged 5 to 11 years?

To: <nigel.crawford@mcri>, <m.giles@alfred>, <christopher.blyth@uwa>, <Allen.Cheng@monash>, <katherine.gibney@unimelb>, <penelope.burns@anu>, <medicine.hosdean@sydney>, <tony.korman@monash>, <bette.liu@unsw>, <james.wood@unsw>, <tom.snelling@sydney>, <Kristine.Macartney@health.nsw>, <kristine.macartney@sydney>, <a.wilson@sydney>, <terry.nolan@mcri>, Peter Charles Doherty <pcd@unimelb>, Misha Ketchell <misha.ketchell@theconversation>, <robert.booy@sydney>, <r.macintyre@unsw>, <margaret.danchin@mcri>, <katie.attwell@uwa>, <m.mclaws@unsw>, <anton.y.blakely@unimelb>, <paul.griffin@uq>, <kim@isg>, <j.mcvernon@unimelb>, <i.frazer@uq>, <peter.collignon@act>, <collignon.peter@>, <helen_marshall@adelaide>, <julie.leask@sydney>, <catherine.bennett@deakin>, <tom.kompas@unimelb>, <zoe.hyde@uwa>, <quentin.grafton@anu>, <nick.scott@burnet>, <president@science>, <jamesm@unimelb>, <cathy.foley@chiefscientist>, <larry_marshall@csiro>, <sue.macleman@mtpconnect>, <mark.sullivan@medicinesdevelopment>, <Brendan.Murphy@health>, <john.skerritt@health>, <covid19vaccinerfi@health>, <katie.flanagan@utas>, <mike.toole@burnet>, <adrian.esterman@unisa>, <gnossal@bigpond>, <dominic.dwyer@sydney>, <brendan.crabb@burnet>, <jbrother@vcs>, <sanj971@>, <sharon.lewin@unimelb>

Cc: <e.j.steele@bigpond>, <Judywilyman@protonmail>, <aas@science>, <media@science>, <atagi.secretariat@health>, <pbac@health>, <admin@grattan>, <nikolai.petrovsky@flinders>, <ejminoz@>, <c.goodnow@garvan>, <a.basten@garvan>, <david.tarlinton@monash>, <hodgkin@wehi>, <mathewsj@unimelb>, <creightona@theaustralian>, <Nick.Cater@menziesrc>, <sharri.markson@news>, <mitchellc@theaustralian>, <bolta@news>, <bolta@heraldsun>, Waterson, Steve <watersons@theaustralian>, Robinson, Natasha <robinsonn@theaustralian>, <gunnm@theaustralian>, <sam.weir@news>, <rita.panahi@news>, <walkerja@theaustralian>, <norman.swan@abc>, <Austin.Stephen@abc>, <nswan@bigpond>, <pcolman@wehi>, <chris.kenny@skynews>, <senator.rennick@aph>, <senator.antic@aph>, <senator.roberts@aph>,

<george.christensen.mp@aph>, <craig.kelly.mp@aph>, <peta.credlin@icloudm>, <janeta@bigpond>, <rowan.dean@bigpond>, <letters@theaustralian>

For the attention of:

Nigel Crawford

- Chair of the Australian Technical Advisory Group on Immunisation (ATAGI)
- Executive Working Group Lead and Chair, Vaccine Safety, special risk groups, ATAGI COVID-19 Working Group
- Director of SAEFVIC (Surveillance of Adverse Events Following Vaccination in the Community), Murdoch Children's Research Institute
- Medical Head, Immunisation Services, Department of General Medicine, The Royal Children's Hospital
- Senior Fellow, Department of Paediatrics, University of Melbourne
- Member of the Expert Advisory Group, Indo-Pacific Centre for Health Security

Copied to:

People influential on taxpayer-funded public health/vaccination policy in Australia via:

ATAGI, the PBAC, TGA, TGA Advisory Committee on Vaccines, COVID-19 Vaccines and Treatments for Australia - Science and Industry Technical Advisory Group, NCIRS, Murdoch Children's Research Institute, Doherty Institute, Burnet Institute, Grattan Institute, Kids Telethon Institute, Kirby Institute, Immunisation Coalition, Australian Academy of Science, NHMRC, *The Conversation*, university/research sector, the media, etc...

Nigel Crawford, **why does ATAGI recommend the use of the paediatric Pfizer COVID-19 injection in all children aged 5 to 11 years in Australia? [1]**

ATAGI advice notes "Most children with SARS-CoV-2 infection are asymptomatic or experience a mild illness. Those who are symptomatic typically have a short illness with a median duration of 5 days..." ATAGI also notes that "...children aged 5-11 years...were the least likely of all age groups to require hospitalisation or ICU admission for COVID-19..." ATAGI also notes: "Deaths in children due to COVID-19 are rare. Data from the United Kingdom suggest that 2 per every 1 million children infected with the virus died of COVID-19."

ATAGI advice indicates most children have **an effective natural immune response to SARS-CoV-2 and are at low risk of disease, i.e. COVID-19.**

Q.1. What is the independent and objective scientific evidence underpinning ATAGI's recommendation that children aged 5 to 11 years have two injections of the TGA provisionally approved Pfizer COVID-19 COMIRNATY mRNA pharmaceutical product? [2]

Q.2. Does the paediatric Pfizer COVID-19 mRNA injection for children aged 5 to 11 years prevent infection and transmission of SARS-CoV-2?

Q.3. What are the long term risks of initiating COVID-19 novel mRNA injections in children, such as the Pfizer COVID-19 mRNA injection?

Q.4. What impact will this medical intervention have on children's natural immune response to SARS-CoV-2 going forward?

Q.5. Is it planned to give children regular COVID-19 injections in future, as appears to be being set up across the broader population, with the securing of 280 million doses of COVID-19 injections to support the COVID-19 injection roll-out [3] for Australia's population of 26 million, i.e. more than 10 doses for everyone in Australia?

Q.6. What is the scientific rationale for giving COVID-19 mRNA injections to individuals at low risk from COVID-19?

Q.7. Where is the independent and objective scientific evidence demonstrating the safety of novel mRNA injections for children?

Health care practitioners are administering the Pfizer COVID-19 mRNA injections to children:

Q.8. Have any health care practitioners questioned why ATAGI recommends these COVID-19 mRNA injections for children given children's low risk of COVID-19?

Young children are relying on their parents/carers to provide 'valid voluntary consent' to the COVID-19 mRNA injections on their behalf. Parents must be properly informed of the risks of 'the virus/disease relevant to age and health status:

Q.9. Are health care practitioners being reminded of their ethical responsibility to obtain 'valid voluntary consent' before administration of the COVID-19 mRNA injections, as stipulated in the section on 'Valid consent' in *The Australian Immunisation Handbook*?[4] For example, valid consent "must be given voluntarily in the absence of undue pressure, coercion or manipulation" and "It can only be given after the potential risks of the relevant vaccine, the risks of not having it, and any alternative options have been explained to the person".

Nigel Crawford, I request your early response to my questions.

Sincerely

Elizabeth Hart

Independent researcher investigating the gross over-use of vaccine products and conflicts of interest in vaccination policy

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References:

1. ATAGI recommendations on the use of the paediatric Pfizer COVID-19 vaccine in children aged 5 to 11 years in Australia. 21 February 2022: <https://www.health.gov.au/sites/default/files/documents/2022/02/atagi-recommendations-on-pfizer-covid-19-vaccine-use-in-children-aged-5-to-11-years.pdf>
2. Pfizer's COVID-19 vaccine (COMIRNATY) provisionally approved for use in individuals 5 years and over. TGA, 5 December 2021: <https://www.tga.gov.au/media-release/pfizers-covid-19-vaccine-comirnaty-provisionally-approved-use-individuals-5-years-and-over>
3. See for example: "**More than 280 million doses of COVID-19 vaccines have now been secured to support the COVID-19 vaccine roll-out.**" Media Release, 25 July 2021, Prime Minister, Minister for Health and Aged Care: Australia secures additional Pfizer-Biontech vaccine for 2022 and 2023: <https://www.pm.gov.au/media/australia-secures-additional-pfizer-BioNTech-vaccine-2022-and-2023>
4. Valid consent. *The Australian Immunisation Handbook*. As accessed 22 April 2022: <https://immunisationhandbook.health.gov.au/vaccination-procedures/preparing-for-vaccination>