Doctor Ros Jones — Transcript

Will Jones (Interviewer) Doctor Ros Jones is a retired NHS consultant paediatrician with over 40 years experience. She is a Fellow of the Royal College of Paediatrics and Child Health.

Ros Jones. The Children's Covid Vaccine group set up with we've got over 200 experienced health professionals and academics. Some were vaccinated against covid, others chose not to. But we all shared a grave concern about the rollout for children, the wisdom or even the necessity for it. And that's what brought us together really.

And we wrote to the regulators, we wrote to three consecutive Prime Ministers. We got no sensible answers. And so really we've been trying to share all our information with parents and that's probably the most useful thing we've done.

So I've done a witness statement for the Covid-19 UK inquiry, but I've also done a position statement for our group, which will be on the website. And what I want to do today is just pick out four themes that I think are the most important.

The first obvious one is the huge differential risk by age, and I think everybody was aware of that.

But that leads on to the second, which is the ethics, or rather lack of ethics of using a one-size-fits-all approach, whether it's for lockdowns or for vaccines.

Thirdly, I want to say a bit about the actual the legal system for children's trials and also the approvals process.

And fourthly I want to cover the really poor risk benefit balance, particularly taking into account that they were going to be advising these vaccines not for the children themselves but to protect adults.

So what were the risks of this virus to children. The chart here is from ONS data from England and Wales for 2020 and you can see this huge differential by age. So if you're a child - in fact, if you're under 40 - the chance of dying of covid was absolutely negligible.

And I think what surprises people is that even if you look at the over 90s, 3.3% of over 90s died of covid in that year. And that's much less than most people's perception because fear exaggerated the risk across all age groups.

Then if you look at the data on the right hand side of the slide, that's looking at a more detailed deaths review. And because children rarely die, there's already a system that every child death gets a local review looking for any avoidable factors. And so what you'll see from there, that's England and it's March 2020 to March 2021, which covered both those big winter waves of deaths.

And even there, they only managed to find 25 children for whom covid was either the main or a contributing cause of death. And of those ¾ had severe comorbidities mostly described as life limiting. So although for the whole group it gave a one in 500,000 risk of death; if you take healthy under 18s that drops to one in 2 million.

So despite knowing this very low risk for children, we gave them restrictions that were completely disproportionate to their risk. And society turned childhood from sociable and active into a place of fear and isolation. And we even threw in a guilt message of don't kill your granny for good measure.

And you can't help but think that this was not only wreaking havoc on their education and their mental health, but it was also priming their parents for wanting this vaccine as the route back to normal.

So now I want to turn to the children's trials for the covid vaccines. And the manufacturers have got a real problem here and that's the Helsinki Declaration. That's based really on the Nuremberg code from the end of the Second World War, when there had been real concerns about the experiments being carried out, particularly on people with mental disabilities.

But these are about anybody who lacks capacity, which of course includes children and it's been put into the Universal Declaration, which Britain is a signatory to. And the Article 7 is really clear that you cannot do research on children unless it's for their direct health benefit. You cannot do this for societal benefits. So they're stuck with that.

So you can imagine my surprise when in February 2021, only a couple of months after the vaccine roll out has begun in adults, I'm watching the early evening news and there is Oxford University asking for children aged 6 to 15 to join a trial of AstraZeneca.

I knew that there was no long term adult safety data and I knew that there was no risk to children from covid. But what I didn't know was that only two weeks before there had been the first death of a young adult in the UK. The lovely psychologist Stephen Wright, I think 32, was going to start a job at Great Ormond St and got his AstraZeneca dose and he died about 10 days later with a massive stroke from a cerebral venous thrombosis clot and a yellow card was put in. So the MHRA are too busy approving a drug trial for children to even notice the job they're meant to be doing, which is looking for the yellow cards for a huge adverse event.

So anyway, I wrote at that point to Andrew Pollard, the professor in Oxford who was the lead investigator for the trial, who happens coincidentally to be the chairman of the Joint Committee for Vaccination and Immunisation. And I emailed him pointing out what I've just said: surely you would wait till you've got the adult trials complete before you think about children.

And to my amazement, I got a reply within about 10 minutes, at 11pm at night. Back came an e-mail and saying: *oh, hi, Ros, you're quite right. I certainly agree with you that we are yet to establish the safety of the vaccine in children.*

But he went on in his e-mail to say: *but the other manufacturers are doing children's trials.* So like, if Pfizer and Moderna do it, then it's OK for AstraZeneca. I was always taught that two wrongs don't make a right, but anyway.

But he also pointed out that he was not acting as chairman of the covid vaccines committee. So that was OK.

But it was less than four weeks after that when the first death occurred in Denmark. They got AstraZeneca later than we did. So they had one death and they'd suspended it, by which time we'd had probably a dozen deaths in the UK. And the regulators were still saying, oh, it's safe and effective.

The children's trial was, in fairness, stopped at that point. But about a month later the JCVI said, you know what, we shouldn't be giving this to under 30s. And then in May they said actually we shouldn't be giving it under 40s.

But what I only discovered quite recently was that actually the children's trial had been restarted because in May, the MHRA decided that it was safe to give the children their second dose because actually in adults, it seemed that the side effects were really only mostly after dose one. So the children were being given a second dose of a drug that had already been withdrawn for under 40s.

And that's not the only completely unethical trial. The other one was Moderna, recently, only last summer was doing a trial of a new booster. And they were recruiting healthy 12 to 64 year olds. And they said in the paperwork, in fairness, this is a new drug, so we don't know about its safety and efficacy, but we're going to compare it with the existing Moderna, which hasn't got a really very good track record, let's face it, for either safety or efficacy. But what they were doing was enrolling healthy under 64s, including healthy children, when we'd already stopped the boosters for all healthy under 65s.

So they were comparing it with a booster that they weren't even eligible for, and we did a Freedom of Information to the Health Regulatory Authority and nowhere in the protocol was mentioned ethics or even the scientific justification for including children. And we've put in a complaint to the HRA about that.

Meanwhile, one centre was even on WhatsApp offering a £1500 bonus payment to children if they completed the study. And that again breaks all the rules about inducements. And we did a Freedom of Information on that to the Trust where this was going ahead and they had to point out, in the end, after a lot of to-ing and fro-ing that they had based this on the draft information leaflet for patients which had actually been rejected by the research Ethics Committee. That's the one thing they did. They flagged up well, that sounds a lot of money and they told the

sponsors Moderna that they'd got to change it and they came back with a second information leaflet which said travel expenses only and no payment. But the thing was out on WhatsApp with a £1500 inducement. So again, there's a complaint in progress about that.

By then, Pfizer have finished their children's trial and Moderna and Pfizer are both applying for approval in the States. The trials were woefully inadequate both in terms of numbers and duration for looking at either safety or efficacy to be honest.

That's really when the group got together and we wrote to the MHRA before it was approved here with all our concerns, a fully referenced letter, which interestingly got us all put on to the counter disinformation list, which is not great. But we got no reply at all from the MHRA despite nagging and phone calls. Eventually I got a reply literally 2 hours after they'd approved it saying thank you very much for your concerns and we've looked at all the information from Pfizer and it's fine. It's all safe and effective. They suggested I contacted the JCVI instead because they're the committee that decide whether it's actually going to be used or not. It's now approved but it's not necessarily going to be used.

In fairness to the JCVI, they waited quite a long time. They obviously were considering or trying to consider the balance of risk and benefit.

The benefits were very unclear because children were so mildly affected by c, so they hadn't really got much to gain. There was no evidence that schools were a major source of transmission, which would be at perhaps a societal cost, and children are less likely to pass covid to adults than the other way round.

And they were also looking at the risks. They knew already from the countries which had rolled this out that actually the side effects seem to be worse in younger age groups. And myocarditis, the heart inflammation, the highest incidence is among adolescents, 16 to 19 year olds is the sort of worst age group.

And they sat on it for about six weeks after the approval. And then eventually at the end of July, they made a statement saying that they were not going to advise this for healthy under 18s because the cost benefit ratio was too close to call. But the minutes of the meetings show that within 48 hours of that announcement, they were being asked by the Chief Medical Officer, Chris Whitty, to have an emergency meeting to review their decision.

Looking at the minutes, they were really quite concerned. They had conference calls with cardiologists in the States. They were pointing out that in the States they'd had quite a lot of myocarditis, but they hadn't yet got follow-up. They didn't know the outcomes.

The members asked for a pause of six months before they would make a decision so they could get some follow up on what has happened to these children with myocarditis. So that was August and then it came to September and they had a third meeting and I think by then they must have succumbed, I can only assume, to political pressure because they then said we can't recommend this on health benefits to the children, but we'll pass it to the Chief Medical Officers who might want to look at a broader remit. So sure enough, the CMOs of the four nations then decided to approve this vaccine for children on the basis of improvement in their mental health.

And you think, how does that work? Well, school closures had finally been acknowledged to be very bad for children's mental health and they thought that if they got the vaccines rolled out it would help keep schools open. What they completely ignored was that actually it was only the last day of the summer term, a few weeks before this decision, that they had decided to change the quarantine rules so that they were not quarantining healthy classmates.

Prior to that, the school disruption was that 30 kids or even sometimes whole year groups, so maybe 150 children would be sent home for one positive test in a perfectly well child. And it was that that was causing most of the school loss.

They did a calculation and modelling which they said that the if they vaccinated everybody, they would get an average of 15 minutes saved schooling per child. Well, it's 15 minutes you have to sit after your Pfizer jab. So they didn't take account of the procedure, just the time going out to to queue up, get your jab, wait a bit, go back to class was more than 15 minutes. And they also admitted they did not take any account of any vaccine injuries when they were doing their modelling.

It was interesting though that they approved only for one dose. And I thought that's kind of quiet way of acknowledging that there's concern, particularly with myocarditis after the second dose. But having said that, by November, they just quietly rolled out the second dose with no fanfare.

And I think it was interesting, the government had set up a new group, which I only learned about quite recently called the Moral and Ethical Advisory Group. And they were set up in I think 2018 or 19, not for covid, but prior to that. But they'd been very busy from the beginning of 2020, having regular weekly meetings discussing the ethics of lockdowns and all sorts of things. And when it came to 2021, they specifically asked if they could be involved in looking at the ethics of the vaccine for children.

And they had a meeting set up for June and then the meeting was cancelled because they were told that there's no plan to vaccinate children. And then they had a three month gap in their regular meetings and they didn't meet again until September, by which time the decision had already been made and covid-19 wasn't even on their agenda.

So I thought I'd just say a little bit more about myocarditis because that's the one adverse event that got quite early on to the information leaflet and has been an acknowledged side effect of the mRNA vaccines.

This data here is just looking at males after the second dose of Pfizer. The younger you are, the more your risk. And of course that's the opposite from the risk from covid where the younger you are, the lower your risk. So you get a big shift in that risk benefit balance. And of course also the more you look for something, the more likely you are to find it. If you don't look you won't find it.

So the first study there is from the US and they just had a passive reporting system and their 16- to 17-year-olds they had 1 in 9,400 getting myocarditis after their second dose.

But meanwhile Israel, they'd seen some cases there and as a result of that they'd sent a leaflet round, information to all paediatricians, cardiologists and emergency medicine departments, A&E departments, warning them to look out for this and then report it if you see it. And so because of that - but it's still a passive reporting system - they had one in 6000, but it's interesting because they looked at all age ranges.

And if you compare that with the over 30s, that was over one in 72,000. So again, that huge discrepancy, more than 10-fold difference between the under 20s and the over 30s and your covid risk would be tenfold the other way. So you've got at least 100-fold difference in your risk-benefit balance.

Hong Kong went a step further than that because they actually gave an information leaflet to the patient or the parent when they had their vaccine saying, oh, these are symptoms to look out for and if you get these, you know, seek medical advice. And they had 1 in 2,600.

But Thailand did what of course the MHRA should have demanded of the manufacturers in the first place. They did a proper prospective study. They had two big secondary schools. All the children were given diary cards. They were brought in and on Baseline Day 0 before the vaccine had blood enzymes done for a cardiac enzyme test and an ECG and then they were brought back on day 3 and day 7 to repeat this and they found one in 29 of the boys had evidence of either clinical or subclinical myocarditis or pericarditis. That's huge. That's common on the definitions. We talk about rare, but people are talking about less than 1 in 1,000. They're talking about extremely rare which is less than 1 in 100,000 but this is 1 in 29.

Meanwhile the UKHSA say oh but don't worry because it's mild and it gets better after a couple of days but that's not what the evidence shows. The group in the States - I did a conference call to the same group that the JCVI had talked to previously - and because they'd rolled this out earlier, they'd had children coming into hospital with chest pain and palpitations and yes after a couple of days they'd all got better but because it was a new thing this vaccine induced myocarditis and they were tertiary centres, they thought well we'll do a cardiac MRI anyway.

And they were really surprised by the results because they found 89% of them had changes on the MRI scans. And these were the sort of changes that in other forms of myocarditis are predictive of a risk of death over the next five years. This is not a minor, oh, you know, just it's a little bit of inflammation, it'll get better.

And they haven't yet completed the follow up. But when I talked the last time I talked to the lead author, they'd they'd followed some of the children and when they'd done a repeat scans at six months, they more or less were a third were still exactly the same amount of scarring, 1/3 had got a bit better and 1/3 seemed to have gone back to normal.

But the FDA have got a big study now for the whole country in the US, which is going to report in 2027. That's not much use to a parent trying to decide what to do, is it?

So apart from myocarditis, other risks? I mean we've, I think other people will have talked to you about the fact that there was there were no pharmacokinetics studies. So we have no idea how much spike protein people make, how long they go on making for and vitally for children, you know, do they make more, do they make less? For which there is *no* data and that's because they were passed on the vaccine standard approval system rather than as a gene based product or a just a drug at all.

We know that the mRNA is packaged in these little lipid particles designed to cross cell membranes because it's got to get into the cell to do its job. And so they also cross the blood brain barrier. So we don't know about neurological harms for particularly young children with developing brains.

We do also know that people say, oh, there's no chance of reproductive harm, but we know from the animal studies, which were fairly limited, but there were some rat studies and they found that the lipid nanoparticles concentrated in the ovaries, the testes, the heart, the liver, the spleen, as they disappeared from the leg into which they stuck the stuff and then they stopped the studies when they were still rising the levels. They they didn't even complete and say well let's do one where we kill the rats after a fortnight instead of a week or 48 hours. So we really don't know. And we do know that Israeli sperm donors were shown to have a drop in their sperm count in the months following their vaccines.

But again, they didn't do any more studies. Really the generational animal studies and the genotoxicity, as I said, because of the mechanism of approval, just was marked as ‘not applicable’.

We also know that effects on the immune system, I think there's quite a lot to show that, for example, if you get, people the more vaccine doses they've had, there's a big study from Cleveland showing that they have a higher incidence of infections with covid than the people who are unvaccinated, which is presumably because most of the unvaccinated have already had covid and they've got good natural immunity.

There have been comments of increases in other infections such as herpes and shingles and also autoimmune conditions, Bell's palsy, transverse myelitis. These are, you know, particularly transverse myelitis can stick you in a wheelchair. These are not trivial.

And also there's the increased risk of cancers concern because your immune system is there, obviously designed to fight infections, but it also takes out all the random mutations in our cells. When you're making new cells, something goes wrong, you get a potentially cancerous cell, your own immune system will say, well that's not normal, we'll get rid of that. So if you have an immune dysfunction, you're at more risk from cancer.

So to come onto the cancer ones, this is a slide from Edward Dowd's team and it's based on ONS UK, England and Wales data and is looking at excess cancer deaths for young adults 15 to 44 year olds. And as you can see, it's going back over 12 years. And the 1st 10 years it's ‘0’ is sort of the baseline from the 10 year average. And so you get one year where it might be up a little bit and the next year it might be down a little bit. And that's the sort of normal pattern over 10 years. And you look at 2020, it's actually slightly below what you might expect.

And then 2021 there's a significant rise in excess cancer deaths in these young adults and in 2022 higher again, but the ONS have repeatedly refused to give the record level data where you've got vaccination status by whether these people have had the vaccine or not. So we've got no way of saying is the vaccine responsible or is it not which is a rather fundamental question.

Japan they've had a very recent paper published where again they've shown an increase in a lot of different cancers and all they can say the best they can say is that the rise in cancers mirrors the rise in the vaccine uptake but again

they'll keep just saying Oh well, correlation doesn't equal causation, but that's a very big signal. That's a huge red flag that needs proper investigation.

We've also got quite a lot of mechanisms. We know that the commercial batches are a lot of them were contaminated with DNA, which could be a risk. We know in fact that the RNA from the vaccine in the lab, they can show that it gets incorporated into the cells' DNA over six hours on liver cells in a lab study. We know that it impairs the immunity, which I've already talked about. We also know that cancer tissues have been found with spike protein in them. So there's there's plenty of worries about this being a genuine risk.

I think one of the things that also got me very early on was the lack of informed consent and also the inducements. You know, there were inducements from pizzas, doughnuts, football tickets. There were pop-up vaccine centres at Thorpe Park theme park, a nightclub, Charlton Athletic Football had a thing where first thousand people to get vaccinated would get a free ticket to the football.

And I've been involved in vaccines all my career and I've never seen anything like this. Totally outwith the normal way of launching a new vaccine.

And I think it was very obvious quite early on that children weren't at risk. So when it comes to persuading people to take this, there was an NHS document about vaccine hesitancy and it told staff that if you're talking to the elderly you need to emphasise their risk of COVID. And their risk that then they'll go into hospital and, you know, this will be bad for blocking beds that were needed for something else. But if you're talking to young people, you look for their altruism and you say, well, you know, you want to protect your elderly relatives.

And you look at these two adverts. They're from, you know, not that long ago. I think particularly the one on the left, there's a lovely picture. It could be a family photo, couldn't it? But there's somebody missing from that picture. That's a three generation picture. They haven't put the mum in there because the mum is tearing her hair. She's thinking, what am I meant to do? I've got my little girl on one side and I've got my Mum on the other side and she's got the government saying, look, if you get your little girl vaccinated, this vaccine is totally safe and it will also be very effective at protecting your mother, her granny. So why don't you do it?

And then of course, she's got the likes of me saying how on actually a) is not very safe for your little girl. She might get a life changing harm and b) it's not going to be effective at protecting your mum anyway because I expect she's had the vaccine. So are you telling me it doesn't work? Or on the other hand, we know, for example, that in the 1st 7 to 10 days after vaccination, there's an uptick in the number of covid cases. So the little girl might only get a covid positive swab because she's just had the vaccine, and then she'll give that to granny. And also, the more doses you get, the more likely you are to get covid.

So one way or another, even if it was ethical, it's not going to be effective. But actually, if you were to ask the granny, do you really want your granddaughter to take a risk? You know, I know I wouldn't. I've had my 3 score years and 10. But if she did say yes that granny, it's only because she's been terrorised into thinking that she's about to die of covid. And she's also been lied to to say that this vaccine is totally safe because otherwise she wouldn't want her grandchild to have it.

And you look at the 2 little ones on the right and there they are with big banners saying I got my covid vaccine for my friends, says one. And the other saying, I got my covid vaccine for my family.

And this is completely contrary to GMC guidance for getting informed consent for treatment or care for patients who lack capacity, ie children, must be of overall benefit to them. It also says that when you're getting informed consent, you must talk about risks and unknowns and anything that's relevant to the person in front of you.

And I think that pop-up vaccine hubs are completely incompatible with informed consent. You don't have the time to sit down and say actually what the 77-year-old wants to know is quite different from what the 7-year-old needs to know. Completely and utterly different.

From where I'm sitting, the whole of the pandemics, management for children, whether the school closures, masks in schools, fearmongering, don't kill your granny messages, let alone giving a novel gene based vaccine to healthy children was a complete betrayal of children's needs. And I have to say in the words of Nelson Mandela, it doesn't say a lot about the soul of the society that we live in.

Thank you, Doctor Jones. That was a very interesting presentation because it just, it really shows us quite how much our society has let down children. We already knew that about the lockdowns. What do you think was lying behind it? Was it political? Was it wishful thinking? Do you think that the decision makers, the CMOS were genuinely of the mind that this was beneficial or do you think that there was something else going on?

I mean, I think that's a really fundamental question. I think the Chief Medical Officer Chris Whitty in the first year said very clearly that the risk of COVID they were saying about maybe less than a 1% case fatality rate and that was too low to risk rushing a vaccine. And he's on record for saying that, but somewhere he forgot that because we're talking about children, it's not less than 1%, it's less than ..0000, whatever, you know, one in 2 million. So there's no way we should be doing a rushed vaccine.

And you know, we heard Matt Hancock saying very clearly, oh, this is not for children. And Kate Bingham, the vaccines Tzar, this is a vaccine for over 50s and people with comorbidities. All those steps out of lockdown in 2021 were based on what percentage of each age group, because they started with the over 75s, then they were going to get schools back. And then there were sort of suddenly saying, well, maybe we need to leave it a few weeks to get them their second dose. And you know, then it was going to be …. But by the time we got to the over 50s and all the comorbidities, we were going back to normal.

And there were some people speaking out really worryingly in that sort of early summer at the point when they were trying to say we might have mandatory vaccinations for nightclubs, which was obviously a carrot or as opposed to a stick, I'm not sure which, for the 18 to 25 age group who were being quite sensibly a bit reluctant to get this vaccine they didn't need. So they thought they might do that. In the end they never did. But so again, it was a sort of false threat.

One of the paediatricians, you know, who was involved in the AstraZeneca trial was saying oh well as soon as we finished doing the young adults, we need to roll this straight out to children otherwise there'll be a sump of infection, they just didn't seem to understand basic natural immunity.

People were writing, saying actually having a group that were unvaccinated would be really useful because then they'll, you know, catch this, they'll pass it around. And so that people are vaccinated will get natural little top ups in their immunity without needing to have endless boosters.

I don't know whether it was greed or what, but something went badly wrong. And I would be really interested to have seen what all those WhatsApp messages that Matt Hancock put because we, it was interesting. And they were published in the Telegraph. They got all through that early stuff about lockdowns and when they got to the vaccines they suddenly stopped publishing them. So somebody was sitting on the Telegraph I know, to say you can't publish this stuff. It might come out at the public inquiry. But again, one of the reasons we're here today was our frustration that having done our witness statements to the public inquiry at their request, it's a lot of work involved. But when are the hearings going to be? They're now told that we they might not be till January of next year.

And is that political again? Push it as far down the line as we can.

Yeah, there seems like there's something political going on, doesn't it, there's something going on in the background, people sitting on things. It does seem to be a lot of censorship.

And you talked about the impact of myocarditis and the other side effects seems to be concentrated in the younger people, which is the opposite of the impact of the virus, COVID-19, particularly affecting older people. Do you think that it could be because the side effects of maybe being hidden by other expectations of age of what you might be expected to what illnesses and conditions might be expected? Or do you think there might be some mechanism which is causing it to be worse in younger people?7

I originally was thinking a sort of simplistically, well, children have a very healthy immune system. That's why they're so good at batting off all these illnesses in the first place. And maybe they're very healthy immune system then overreacts to the vaccine to the more likely to get symptoms. But actually if you talk to, I mean, I think you'll

be listening to Dean Patterson later on who's a cardiologist in Guernsey. And of course he's seeing lots of myocarditis in older adults as well. And I think a lot of his colleagues around the UK would see some. You know, if you're a 50 year old and you're coming with chest pain and you measure the cardiac enzymes and they're high, you say, oh, he's had a heart attack, he's had a myocardial infarction and you give him clot blusters and, and you know, you don't actually consider myocarditis. You don't get an MRI scan. Whereas the younger age group, because it's so unusual for a 15 year old to get chest pain then and because people have been told it's commonest in the younger, then it becomes a self-fulfilling prophecy.

You talked about immune dysfunction and the possible link of that with cancer. Do you think that might be what's behind the higher infection rates in the in the vaccinated? Do you think that might be part of it? But could it be immune dysfunction? What do you think?

The vaccine apparent efficacy is very short lived, but then it goes to negative. So the children on the COVID trials, they're into negative efficacy by about 8 weeks. I think if you go to negative, you can understand that the vaccines might not give you long-term immunity. So you'd expect things to go up and then come down back to baseline. But for them to go so that you're worse than unvaccinated does suggest that that's an immune impairment.

And I think the other thing we've certainly has been measured is that the more doses you have, that you get this change in the type of immunoglobulin that you produce. So IgG1 which is the standard neutralising anti infection one swaps and you get more IgG4 which is more of a tolerising antibody. And that may be a factor as well. But I'm not an immunologist so I won't go into too much on that.

One of the reasons given for children to get vaccinated isn't just the risk of death, which you've talked about and shown us that it's really completely minuscule, but Long COVID, the post viral syndrome associated with COVID-19, the idea that the vaccines could reduce that. What do you think about that?

I think the first thing to say is that any symptoms of COVID are much, much lower in children. Even if they get it, half of them wouldn't know they'd had it if somebody hadn't been shoving swabs up their nose. And most of them will recover very quickly. And quite early on anybody who's using that Zoe app from Tim Spector's team at King's, they quite early on did a study of children on that and there was an Australian study likewise. Less than 2% had a single symptom beyond 6 to 8 weeks. The Australians, they'd all recovered by 8 weeks. And that's very different from what adults have complained of.

There was one interesting study which showed that if your parent had long COVID symptoms, the child was more likely to well, maybe that's genetic, but it could be a learned behaviour. And I think the most interesting studies I've read, there's one from Germany where they were doing symptom diaries in schools. Anyway, they were doing this symptom diary and they were also doing routine testing because of school attendance, and they found of the whole group, more than half were complaining of headaches, fatigue, muscle aches, a third of them were having other symptoms and 40% were having anxiety, et cetera, all symptoms that you could have attributed to long COVID.

But there was no difference between the ones who had a positive PCR and the ones whose tests had all been negative. And the authors coined the term long pandemic syndrome. We're sticking children in front of screens all day. And then we're surprise that they've got headaches and also cause the fear factor because if you've done this test and when I was working for Us For Them, which I did in 2020, prior to joining HART, we had a letter in from a mum of a 7 year old boy. He got sent home from school because of one of his classmates having COVID and came out in floods of tears saying, you know mum, I mean *Susie's got COVID and now I'm going to catch it and I'm going to give it to granny and she's going to die.* And I thought well at least he didn't think that he was going to die or Susie was going to die as classmates. So he understood that much, but the idea this boy was terrified.

But you know, for a lot of people getting that positive test compared to having a negative test will give you more fear and more immune suppression and who knows?

But the vaccine, we can talk about the vaccines. The trials of course didn't look at it as an end point and there've been some non randomised cohort type retrospective studies. Some have said it gives you more long COVID symptoms and others have said vaccination seems to help but I don't think we know.

What should happen now?

There's been something odd about informed consent for vaccines in general. I think we have very thorough informed consent for surgical procedures and for drugs. You know, you're expected to look at the leaflet and discuss with your doctor if you're going on to something long term. Somehow vaccines have never been subjected to that. You just turn up and they give it you. I've had lots of vaccines in my life, but nobody's ever sat me down and told me what the risk of a side effect was. So I think that should change.

I think there needs to be a complete overhaul of the regulatory mechanisms, regulatory authority and the research ethics committees to say that they have to follow the Helsinki Declaration. At the moment, you know, the AstraZeneca study, it just had a tick saying Helsinki compliant but nobody actually thought but how is it Helsinki compliant? It isn't.

We should halt this now and we have to halt all mRNA technology because what worries me is that Moderna's got this big new facility just outside Oxford which has got government funding over 10 years for developing more mRNA vaccines. And given that most vaccines are now off patent, all the standard vaccines I can see being replaced with an mRNA technology. But we haven't yet established that the mRNA technology is actually safe, and I don't think it is. It's so different from basic vaccines in the way the mRNA gets into your cells and tells you to make something, and nobody knows how long it'll do it for and how to switch it off.

We have to have a complete moratorium on all mRNA vaccines.

Well, on that note, Dr Jones, thank you.

OK, thank you.