

24 January 2022
BY REGISTERED POST



To the Principal

Notice of Potential Liability

Safe Kids Informed Parents Inc (**SKIP**) is an association incorporated in Victoria to give a voice to parents, grandparents, carers, teachers and other citizens concerned about the impact on children of the Victorian Government's various pandemic measures, including lockdowns, school closures, masking and vaccination of children.

Of particular concern to our members at present are:

- (a) the pandemic orders regarding the masking of children in schools; and
- (b) approval by the Therapeutic Goods Association (**TGA**) of the use of the Covid19 vaccines on children and the very real possibility that schools will be used to promote, facilitate and/or mandate these vaccinations.

With these concerns in mind, we write to you to draw your attention to the matters outlined in this letter and in the enclosed Supporting Evidence list (**Supporting Evidence list**).

EXECUTIVE SUMMARY

The Government's current pandemic orders are placing schools in Victoria in a very difficult position. On the one hand, schools are being compelled to comply with these orders or face potential fines. On the other hand, compliance with these orders could result in schools facilitating measures which are harmful to the children in their care.

It is our view that the duty of care which all schools owe to their students is not abrogated by the views on safety espoused by the government of the day, particularly when those views could be driven by political agendas or conflicts of interest and are lacking in independent review processes. It is the duty of every school board/council (**school board**) and staff member to ensure that compliance with Government directives do not expose their students to obvious harm while they are in their care. To the extent that school boards feel that any Government directives compromise their duty of care, our position is that they should be at the very least implementing measures to attempt to mitigate those risks, discussing these risks with parents, and seeking clarification from and/or providing pushback against relevant Government bodies where necessary.

Uncritical compliance with Government directions or policies despite knowledge of the possibility of harm is not a defence against negligence.

We have put together the enclosed Supporting Evidence List outlining the information and facts that we, as concerned parents et al, believe that a reasonably prudent school board ought to be aware of and take into account when considering how to discharge its duty of care to students. All enclosed Information is from credible, cited sources and widely available, despite it not necessarily being promoted by the Government or allowed much air time by controlled legacy media.

We appreciate that it can be difficult to navigate the complex issues involved in assessing the risks of harm when there are two such opposing perspectives in play. All we are saying is that schools are duty bound to consider all the information and narratives, not just the Government's official line. School boards must carry out the same risk assessments that they would carry out in relation to any other activities which might expose their pupils to risk. They must take on board information from all sources, weigh up that information, make further enquiries, make sure that they are comfortable with the answers to all questions raised, and err on the side of caution if there is any doubt.

Please take notice that SKIP is putting together a litigation fund to assist parents of children who suffer harm from the implementation of any pandemic measures to take action against those responsible. If the harm occurs at the child's school or with the assistance of the school, then school board members and staff may be personally included in these actions. **This letter acts as notice of potential liability and implied knowledge of the facts contained herein.** However, it is by far our preference to work with



schools to come up with ways of ensuring no children suffer harm in the first place, rather than to take action against them. We trust that we are all able to work together to achieve this, and to make the welfare of children foremost in the minds of Government bodies when they are dictating requirements that relate to them. Please read this letter with that spirit of our intention in mind. The following sets out why we believe that your school may be exposed to liability in relation to the Government's pandemic measures.

SCHOOLS' DUTY OF CARE

As you are no doubt acutely aware, principals, teachers and other school staff owe a duty of care to students while they are on school grounds (and in some circumstances even beyond the school grounds). This duty of care is a strict, non-delegable duty requiring school staff to take reasonable steps to minimise the risk of reasonably foreseeable harm to students, both physical and psychological.

To the extent that harm to a student was reasonably foreseeable, it would not be a defence to liability for a school board or staff member to claim that they were simply complying with ministerial orders or Government guidelines.

Compliance with Government advice or ministerial order might be one factor that would be taken into account in assessing the liability of a school for negligence but it would certainly not provide a blanket excuse. It would merely be one aspect to weigh up against all the other circumstances such as foreseeability of harm to the child, the steps taken by the school to mitigate or minimise the risk, and the severity of the risk. Given the unprecedented nature of the current pandemic scenario and regulatory framework, it is our view that the courts would also consider the availability of other information which might suggest that the measures taken by the Government might be lacking in adequate oversight. Governments are not, after all, infallible.

PANDEMIC ORDERS

It is worth noting that the pandemic orders issued by the Premier under the recent amendments to the Public Health and Wellbeing Act 2008 (Vic) are novel and:

1. have not been through the level of scrutiny and independent oversight that would normally precede the making of primary legislation, or even instruments such as safety standards;
2. have not been put through a process to ensure that they do not conflict with other laws, nor do they provide any exclusion of or indemnity from liability under other laws such as the Wrongs Act 1958 (Vic) or the tort of negligence; and
3. are not subject to any rigorous independent oversight or review, and neither is the advice of the Chief Health Officer (on which they are based).

Therefore, their validity and enforceability remain subject to legal challenges, which are likely to be numerous in the coming years as matters find their way through the court system.

The pandemic orders are also voluminous, complicated and revised with alarming frequency. While it is a difficult and sometimes full-time task to stay up-to-date with the requirements of the pandemic orders, it is imperative that school boards and staff ensure that they fully understand the legal basis of any measures they implement in their school. Relying upon an interpretation given to a pandemic order by the media or bureaucrats will certainly be no defence to negligence or the contravention of other laws. Even relying on the guidance of government bodies such as the Department of Education and Training (**DET**) is fraught with risk. The DET recently issued guidelines requiring the exclusion of unvaccinated parents and carers from indoor school premises – guidelines which were not, and still are not, supported by any pandemic order or former CHO direction – exposing schools which implemented the guidelines to potential liability under discrimination legislation.

Therefore, discernment and critical thinking are definitely required when implementing any of the pandemic orders. School boards should be:

1. applying robust risk management criteria and existing safety policies;
2. seeking ongoing independent advice; and
3. consulting widely

before seeking to implement any public health orders or related guidelines in the school environment. It is incumbent upon schools to push back against or at least seek clarification from relevant Government departments on any areas of concern with regards to pupil health and safety.

RISK TO CHILDREN OF COVID-19

Before implementing Pandemic Orders, including the closure of schools and masking of children, or becoming involved in any vaccination program, it is our proposition that schools should first carry out the basic risk management exercise of weighing up the risks of harm against the potential benefits. In this regard, it must be borne in mind that the risks to children of serious outcomes from exposure to or infection with the Covid-19 virus are negligible. We draw your attention to Part 1 of the Supporting Evidence List for evidence supporting this fact.

With children being at low risk of serious outcomes from Covid-19, and all teaching staff now required to be vaccinated against the virus, the relative risks of Covid-19 infections in the school environment must be considered very low.

MASK MANDATES

As at the date of this letter, the Pandemic (Movement and Gathering Order) 2021 (No.2) requires all children from Grade 3 and above to wear a face mask while in indoor spaces at school. Certain exemptions apply, including exemptions due to a physical or mental condition or disability.



This masking requirement raises a number of student welfare issues which should be at the forefront of the minds of all school staff. As well as being a matter of common sense that many children, especially young children, may struggle with this requirement to have a face mask covering their airways for hours on end while at school, there is also a plethora of evidence to suggest that masking can be detrimental to the health of children. A list of some of this evidence is provided at Part 2 of the Supporting Evidence List.

From this evidence, it should be clear that schools must, if they are to implement these orders, have robust procedures in place to mitigate the risks to students in their care.

Are staff being trained and procedures being implemented to ensure that, amongst other things:

1. masks are kept clean and changed regularly throughout the day;
2. each individual pupil is monitored for signs that they may be struggling with wearing a mask, including any drop in concentration levels, drowsiness or changes in behaviour; and
3. adequate breaks are provided to attempt to mitigate the adverse effects of masks as much as possible?

In addition to the obvious physical and psychological risks as outlined in the Supporting Evidence List, the masking requirement also presents a discrimination minefield which must be carefully managed to prevent the risk of psychological harm from bullying and teasing:

- are school staff aware of and equipped to ensure that students with mask exemptions are not victimized by other students or staff because of their disability?
- if schools require proof of exemption, how are privacy issues being addressed?
- how is the messaging regarding masks being delivered so that children do not become fearful of other children or adults without masks?

While the State Government's fixation with universal masking as a pandemic measure could give the impression that masking is a useful and effective way of minimizing the risk of Covid-19 exposure, thereby justifying the potential risks, this is actually far from the case. There is overwhelming evidence, both before and post the start of the current pandemic, to suggest that masking is of limited benefit in controlling the transmission of viruses. Some of this evidence is set out at Part 2 of the Supporting Evidence List. In addition to the evidence that Covid-19 generally is not a serious risk to children, this information makes it very hard to justify exposing children to any potential dangers, whether physical or psychological, of mandatory masking.

COVID-19 VACCINATIONS

While schools have long been involved in child immunization programs and so may be inclined to view Covid-19 vaccinations in the same light, the undeniable fact is that the novel Covid-19 vaccines are sufficiently different as to warrant considerably more caution. The granting of provisional approval by the Therapeutic Goods Administration (TGA) of the Pfizer Cominarty vaccine for use in children age 5 and over and the Moderna Spikevax vaccine for use in children over the age of 12, does not change the fact that:

1. the Pfizer and Moderna vaccines do not stimulate an immune response by introducing attenuated or inactivated pathogens into the body, as conventional vaccines do. Rather, they use novel mRNA technology which instructs the cells of the body to create a protein which then activates the immune system. This kind of vaccine technology has never been used in humans before;
2. there is simply no long-term safety data on the effects of this type of novel "vaccine" on adults, let alone on young children. Conventional vaccines have traditionally gone through decades of safety studies and scrutiny before being approved;
3. there is no evidence that the vaccine prevents infection or transmission of Covid-19. At best, the vaccine may reduce symptoms for those that take it. But given that symptoms are already mild in children, vaccinating them serves no legitimate purpose.

The TGA has granted rushed "provisional approval" of the Pfizer and Moderna vaccines (which is not the same as granting registration status to a vaccine and is dependent upon the submission of further information from ongoing trials of the vaccine, including post market surveillance) on the basis of the serious nature of the Covid-19 pandemic. However, as we have already explained, the seriousness of the disease in the context of children must be questioned.

The fact that other countries have seen fit not to approve the same vaccines for use on children in these age groups also raises an obvious red flag that the issue of safety of use on children is far from settled.

We refer you to Part 3 of our Supporting Evidence List for details of the experimental nature of the vaccines, questions over their safety and efficacy, and the risks to which young children and adolescents are exposed to from the mRNA vaccines.

It is irrefutable that there are risks to children from taking either of the provisionally approved Covid-19 vaccines. Where there are risks, there must always be choice and this choice is best made by a child's parents in consultation with their medical advisers. It is inappropriate for schools to attempt to influence this decision by promoting vaccination of students or facilitating / implementing the vaccination program. Any promotion of vaccination for students could ultimately, particularly in light of the information presented in the Supporting Evidence List, result in school boards being liable for any injuries resulting from vaccination.

The scope of liability for negligence is even greater given the complexity of the of issues of informed consent, parental consent and the vexed nature of whether so-called "mature minors" are able to give consent to medical procedures. We refer to Part 4 of our Supporting Evidence List for some information that should be taken into account in this regard. Schools would be well advised to stay out of this additional minefield.



Schools should also take care that:

1. they resist any push to make vaccination of students compulsory. In addition to the issues raised regarding negligence, the right to an education is a fundamental Human Right;
2. their obligations regarding privacy are complied with in relation to the private medical information of their students; and
3. policies and awareness campaigns are implemented to ensure that teachers do not:
 - a. promote vaccination in classrooms;
 - b. ask students for their vaccination status; or
 - c. engage in any fearmongering, bullying or harassment relating to vaccination status.

Sadly, we have already received reports of Point 3 above happening in some schools. Children should not be made to feel guilty for purportedly putting older people at risk and the potential harm from this kind of psychological abuse is immeasurable. As mentioned already, the available vaccines do not prevent transmission, so children should not be subjected to a medical procedure under the guise of “protecting others”. The available vaccines only reduce symptoms, and older people around children who feel the need to protect themselves against serious Covid-19 symptoms can vaccinate themselves.

Schools generally pride themselves on promoting a culture that promotes positivity, acceptance, non-discrimination and non-segregation; a culture where the best interests of children come first and the protection of students from physical and psychological harm is paramount. These values should not be thrown out simply because of a virus that presents such a minor risk to children.

Finally, we encourage school boards to start asking questions and conducting their own risk assessments based upon all available data. Consideration of all the evidence – including that presented in the Supporting Evidence List, should be enough to make schools question the Government’s mantra that vaccines are “safe and effective” for children and that side effects are “rare”. Governments, governmental departments and regulatory bodies have been wrong, misguided, conflicted and/or corrupt in the past. It is not enough to simply rely on their assurances when the safety of children in your school’s care is at stake.

SCHOOL CLOSURES AND LOCKDOWNS

In the absence of compelling evidence of the need to vaccinate children against Covid-19, the Government message is often that vaccination of children is required to prevent further lockdowns and school closures, so that further interruptions to education can be prevented. In this regard it is important to bear in mind that lockdowns and school closures are caused by the Government, not by the virus. They are measures which are and always have been of nebulous benefit, in light of the low risks to children of Covid-19, but are even more so now given the availability of the vaccines for school staff who are concerned about classroom transmission. We refer to Part 5 of the Supporting Evidence List for further information about the lack of evidence supporting school closures and the potential detrimental effects of them on children’s learning and mental health.

Furthermore, the Government’s demonstration of achieving the benchmark of 90% vaccination of the adult population has not prevented implementation of further closures and lockdowns. We consider it incumbent upon schools to lobby the Government for an end to school closures and measures that cause potential developmental and psychological harm to children, rather than simply bowing to the Government’s vaccination agenda.

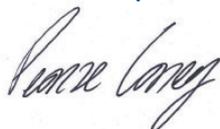
CONCLUSION

We encourage you, your School Board and staff to consider the information contained in this letter and enclosed Supporting Evidence List and to conduct your own enquiries and assessments about the safety of Government prescribed pandemic measures before implementing them in your school. Any concerns should be raised with the Minister for Education, the Department of Education and Training, the Department of Health and all other relevant regulatory bodies. These issues must also be discussed with parents and carers. To the extent that your school feels compelled to implement any particular policy, that implementation must be subject to the same level of safety scrutiny, policies and controls as any other school activity and tailored to suit the needs of students as individuals. Uncritical compliance with orders will be no excuse when your School Board knows, ought to have known, or has implied knowledge (based on the information in this letter and Supporting Evidence List) of the risks of real harm to children in their school’s care.

We trust that you give this letter due consideration and raise it with your board/council members, teaching staff, risk advisors, insurers, industry/regulatory bodies and parent community as appropriate. We also enclose for your reference and consideration a “Resource Pack for Parents” that we have made available on our website, which summarises much of the information in our Supporting Evidence List and raises a number of questions for principals.

SKIP is available for further enquiries and will willingly present details to your school community.

Yours sincerely



Pearse Casey, President

Safe Kids Informed Parents Inc



Supporting Evidence

1. RISK TO CHILDREN OF COVID-19

Comparison of outcomes from COVID infection in paediatric and adult patients before and after the emergence of Omicron.

Wang, L, Berger, NA., Kaelber, DC., Davis, PB., Volkow, ND., Xu, R., (January 2, 2022) Comparison of outcomes from COVID infection in paediatric and adult patients before and after the emergence of Omicron. Medrxiv. Retrieved January 10, 2022 from <https://doi.org/10.1101/2021.12.30.21268495>

COVID-19 Delta variant in schools and early childhood education and care services in NSW.

COVID-19 Delta variant in schools and early childhood education and care services in NSW, Australia, (September 8, 2021). National Centre for Immunisation Research and Surveillance. Retrieved January 10, 2022 from <https://www.ncirs.org.au/covid-19-delta-variant-schools-and-early-childhood-education-and-care-services-nsw-australia-16>

Illness duration and symptom profile in symptomatic UK school-aged children tested for SARS-CoV-2.

Molteni, E., Sudre, C., Canas, L., Bhopal, S.S., Hughes, R.C., Antonelli, M., et al (August 3, 2021) Illness duration and symptom profile in symptomatic UK school-aged children tested for SARS-CoV-2. The Lancet. Child and Adolescent Health, Volume 5, ISSUE 10, 2021. Retrieved January 10, 2022 from [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00198-X/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00198-X/fulltext)

Post-acute COVID-19 outcomes in children with mild and asymptomatic disease.

Say, D., Crawford, N., McNab, S., Wurzel, D., Steer, A., Tosif, S. (April 20, 2021). Post-acute COVID-19 outcomes in children with mild and asymptomatic disease. The Lancet. Retrieved January 10, 2022 from [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(21\)00124-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00124-3/fulltext)

COVID-19 child vaccination: safety and ethical concerns.

COVID-19 child vaccination: safety and ethical concerns, (May 20, 2021). Hart Group. Retrieved January 10, 2022 from <https://www.hartgroup.org/open-letter-child-vaccination/>

Coronavirus (COVID-19) Case Numbers and Statistics.

Australia, 2 January 2022:

97,557 recorded cases of Covid-19 in children aged 0-19

3 Covid-19 deaths

a survival rate of 99.997%

Coronavirus (COVID-19) Case Numbers and Statistics, (January 2, 2022). Australian Government Health Department. Retrieved January 2, 2022 from <https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics>

Factsheet: COVID-19 and children.

"...4.5% of cases have been in school aged children (between five and 17 years)."

COVID-19 and children, (n.d.). Australian Government Health Department. Retrieved January 10, 2022 from <https://www.health.gov.au/sites/default/files/documents/2020/07/coronavirus-covid-19-and-children.pdf>

Risk of Hospitalization, severe disease, and mortality due to COVID-19 and PIMS-TS in children with SARS-CoV-2 infection in Germany.

Until May 2021, no Covid-19 deaths for children <11 years old, 99.999% survival rate for children <18 years old

Sorg, A.I., Hufnagel, M., Doenhardt, M., Diffloth N., Schrotten H., Kries, R v., Berner R., Armann, J., (November 30, 2021) Risk of Hospitalization, severe disease, and mortality due to COVID-19 and PIMS-TS in children with SARS-CoV-2 infection in Germany. MedRxiv. Retrieved January 10, 2022 from <https://www.medrxiv.org/content/10.1101/2021.11.30.21267048v1.full.pdf>

COVID-19 Cases in Children – United Kingdom.

2 January 2021 to 13 August 2021

0 – 19 yrs: 26 deaths in a child population of 14 million

COVID-19 Cases in Children, (September 2, 2021). Office for National Statistics. Retrieved January 10, 2022 from <https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/covid19casesinchildren>



Deaths in Children and Young People in England following SARS-CoV-2 infection during the first pandemic year; a national study using linked mandatory child death reporting data.

"SARS-CoV-2 is very rarely fatal in CYP, even among those with underlying comorbidities."

Smith, C., Odd, D., Harwood, R., Ward, J., Linney, M., Clark, M., Hargreaves, D., Ladhani, S., Draper, E., Davis, P., Kenny, S., Whittaker, E., Luyt, K., Viner, R., Fraser, L. (July 7, 2021). Deaths in Children and Young People in England following SARS-CoV-2 infection during the first pandemic year; a national study using linked mandatory child death reporting data. Retrieved January 10, 2022 from <https://www.researchsquare.com/article/rs-689684/v1>

Which children and young people are at higher risk of severe disease and death after SARS-CoV-2 infection: a systematic review and individual patient meta-analysis.

Harwood, R., Yan, H., Talawila Da Camara, N., Smith, C., Ward, J., Tudur-Smith, C., Linney, M., Clark, M., Whittaker, E., Saatci, D., Davis, P.J., Luyt, K., Draper, E.S., Kenny, S., Fraser, L.K., Viner, R.M. (July 8, 2021) Which children and young people are at higher risk of severe disease and death after SARS-CoV-2 infection: a systematic review and individual patient meta-analysis. Medrxiv. Retrieved January 10, 2022 from <https://www.medrxiv.org/content/10.1101/2021.06.30.21259763v1>

Children's mortality from COVID-19 compared with all-deaths and other relevant causes of death: epidemiological information for decision-making by parents, teachers, clinicians and policymakers.

Bhopal, S., Bagaria, J., Bhopal, R., (2020). Children's mortality from COVID-19 compared with all-deaths and other relevant causes of death: epidemiological information for decision-making by parents, teachers, clinicians and policymakers. Public Health, Volume 185. Retrieved January 10, 2022 from <https://doi.org/10.1016/j.puhe.2020.05.047>

Causes of Death, Australia (2020).

The Australian Bureau of Statistics lists Covid-19 as no 38 cause of death in 2020, with median age of Covid-19 deaths being 86.9. Causes of Death, Australia (September 29, 2021). Australian Bureau of Statistics. Retrieved 10 January, 2022 from <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>

2. MASKING CHILDREN

Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures.

Centers for Disease Control and Prevention (2020). Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures. Retrieved January 10, 2022 from https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

Coronavirus (COVID-19) – Are cloth face masks likely to provide protection against COVID-19?

"... their efficacy is unproven in the absence of randomised control trials (RCT)."

Australian Department of Health (2021). Coronavirus (COVID-19) – Are cloth face masks likely to provide protection against COVID-19? The Infection Control Expert Group (ICEG) have developed this response to questions about whether cloth face masks are likely to provide protection against COVID-19. Retrieved January 10, 2022 from <https://www.health.gov.au/resources/publications/coronavirus-covid-19-are-cloth-face-masks-likely-to-provide-protection-against-covid-19>

Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures.

"...found no significant effect of face masks on transmission of laboratory-confirmed influenza."

Centers for Disease Control and Prevention (2020). Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures. Retrieved January 10, 2022 from https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

Corona child studies "Co-Ki": first results of a Germany-wide register on mouth and nose covering (mask) in children.

"...68% reported that children complained about impairments caused by wearing the mask."

"...a renewed risk-benefit assessment of mask obligation in the vulnerable group of children."

Schwarz S, Jenetzky E, Krafft H, Maurer T, Martin D. Coronakinderstudien „Co-Ki“: erste Ergebnisse eines deutschlandweiten Registers zur Mund-Nasen-Bedeckung (Maske) bei Kindern [Corona child studies "Co-Ki": first results of a Germany-wide register on mouth and nose covering (mask) in children]. Monatsschr Kinderheilkd. 2021 Feb 22:1-10. German. Retrieved January 10, 2022 from <https://pubmed.ncbi.nlm.nih.gov/33642617/>.



Impact of wearing face masks in public to prevent infectious diseases on the psychosocial development in children and adolescents: a systematic review.

“Studies reported psychological symptoms like anxiety and stress as well as concentration and learning problems”

Freiberg A, Horvath K, Hahne TM, Drössler S, Kämpf D, Spura A, Buhs B, Reibling N, De Bock F, Apfelbacher C, Seidler A. Beeinflussung der psychosozialen Entwicklung von Kindern und Jugendlichen durch das Tragen von Gesichtsmasken im öffentliche Raum zur Prävention von Infektionskrankheiten: Ein systematischer Review [Impact of wearing face masks in public to prevent infectious diseases on the psychosocial development in children and adolescents: a systematic review]. Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz. 2021 Dec;64(12):1592-1602. German. Retrieved January 10, 2022 from <https://pubmed.ncbi.nlm.nih.gov/34694428/>

Masked education? The benefits and burdens of wearing face masks in schools during the current Corona pandemic.

“...at the very least, all school professionals should be aware of the detrimental effects of face masks on face recognition and identification, communication, and social-emotional interaction.”

Spitzer M. Masked education? The benefits and burdens of wearing face masks in schools during the current Corona pandemic. Trends Neurosci Educ. 2020 Sep;20:100138. Retrieved January 10, 2022 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7417296/>

Masks – Do Benefits Outweigh the Harms?

“...face coverings for healthy people do more harm than good”.

Sideley, G., Mordue, A., (2021). Masks – Do Benefits Outweigh the Harms? HART Group. Retrieved January 10, 2022 from <https://www.hartgroup.org/masks/>

Coronavirus disease (COVID-19): Children and masks.

WHO and UNICEF advise on the wearing of masks for children

World Health Organization. (August 21, 2020). Coronavirus disease (COVID-19): Children and masks. Retrieved January 10, 2022 from <https://www.who.int/news-room/q-a-detail/q-a-children-and-masks-related-to-covid-19>

When and how to use masks.

World Health Organization. (December 1, 2020). Coronavirus disease (COVID-19) advice for the public. Retrieved January 10, 2022 from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

3. COVID-19 VACCINATIONS FOR CHILDREN

World Health Organisation does not recommend Pfizer BioNTech for children under 12.

“There are currently no efficacy or safety data for children below the age of 12 years. Until such data are available, individuals below 12 years of age should not be routinely vaccinated.”

World Health Organisation (January 5, 2022). The Pfizer BioNTech (BNT162b2) COVID-19 vaccine: What you need to know. Retrieved January 15, 2022 from <https://www.who.int/news-room/feature-stories/detail/who-can-take-the-pfizer-biontech-covid-19--vaccine>

Why are we vaccinating children against COVID-19?

Kostoff, R. N., Calina, D., Kanduc, D., Briggs, M. B., Vlachoyiannopoulos, P., Svistunov, A. A., Tsatsakis, A. (2021) Why are we vaccinating children against COVID-19? Toxicology Reports, Volume 8, 2021. Retrieved January 10, 2022 from <https://www.sciencedirect.com/science/article/pii/S221475002100161X>

Pre-Existing Immunity to Covid-19.

Girardot, M. (July 10, 2021). Should people who have recovered from COVID take a vaccine? Pandata. Retrieved January 10, 2022 from <https://www.pandata.org/should-covid-recovered-take-vaccine/>

COVID-19 VACCINES ARE IN CLINICAL TRIALS

COVID-19 Vaccines Undergoing Evaluation.

Covid19 vaccines are provisionally approved by TGA: “Many of the large-scale clinical trials that will provide evidence of safety and effectiveness are still progressing and these results will be provided to the TGA as they become available.”

Therapeutic Goods Administration (December 8, 2021). COVID-19 Vaccines Undergoing Evaluation. Retrieved January 10, 2022 from <https://www.tga.gov.au/covid-19-vaccines-undergoing-evaluation>



Australian Product Information - Comirnaty Covid-19 Vaccine

"The safety and efficacy of COMIRNATY in children aged less than 12 years of age have not yet been established."

Therapeutic Goods Administration (July 2021). AUSTRALIAN PRODUCT INFORMATION – COMIRNATY™ (BNT162b2 [mRNA]) COVID-19 VACCINE. Retrieved January 10, 2022 from <https://www.tga.gov.au/sites/default/files/covid-19-vaccine-pfizer-australia-comirnaty-bnt162b2-mrna-pi.pdf>

COVID-19 vaccine: Provisional registrations.

In Australia TGA provisionally approves Spikevax mRNA for children aged 12 years and over

Therapeutic Good Administration (2021). COVID-19 vaccine: Provisional registrations. Retrieved January 10, 2022 from <https://www.tga.gov.au/covid-19-vaccine-provisional-registrations>

CDC Approval Letter – Comirnaty.

Long-term safety studies of Covid19 vaccinations in children are not expected until 2025.

Food and Drug Administration (August 3, 2021). Approval Letter – Comirnaty. Retrieved January 10, 2022 from <https://www.fda.gov/media/151710/download>

ARE COVID-19 VACCINES EFFECTIVE?

Effectiveness of COVID-19 vaccines against Omicron or Delta infection.

"Receipt of 2 doses of COVID-19 vaccines was not protective against Omicron."

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