

17 June 2023

Open Letter from UK Doctors, Healthcare Professionals and Scientists to:

- **Dr Tedros Adhanom Ghebreyesus - WHO Director General**
- **Dr Hans Kluge - WHO Regional Director for Europe**
- **Dr Michael Ryan - Executive Director, WHO Health Emergencies Programme**
- **Dr Jeremy Farrar - WHO Chief Scientist**

RE: ICD Recognition of COVID-19 vaccine-induced side effects and related disorders

We, the undersigned, write to request that you consider the contents of this open letter and its implications for global health, in accordance with your stated goal of keeping the world safe.¹

The SARS-CoV-2 pandemic has been replete with medical interventions, both non-pharmaceutical and pharmaceutical. The non-pharmaceutical interventions and treatment policies must be addressed elsewhere. The most significant pharmaceutical intervention globally, however, has been the mass rollout of COVID-19 mRNA and DNA-viral-vector “vaccines”.

As health professionals and academics with decades of experience, we are appealing to you for urgent action to assess and quantify the issues we raise below. As clinicians, we are seeing patients with severe diseases that appear linked to COVID-19 vaccines rather than SARS-CoV-2 infection. Clinicians are trained to recognise new and unusual patterns of illness and have an ethical duty to report a suspicion of iatrogenic harm being caused. As academics, we can also see plainly that even the trial data itself shows a higher rate of serious adverse reactions from the vaccine (12.5 per 10,000) than any reduction in serious events from COVID-19 (2.3 and 6.4 per 10,000 for Pfizer and Moderna, respectively).²

As with all medical interventions, mRNA-based and DNA-based vaccines have been associated with adverse effects. The absolute figures are unclear, however using the latest published European Medicines Agency EudraVigilance data, there were a total of 1,626,491 reports to of side effects following COVID-19 vaccines, up to November 23, 2022.³

In the US, a similar safety signal is seen, with 1,563,950 adverse events relating to the COVID-19 vaccines reported to the Vaccine Adverse Event Reporting System (VAERS) up to 2 June 2023, including 35,347 deaths and 202,505 hospitalisations.⁴ In 2021, 737,689 adverse events were reported following COVID-19 vaccines, representing 93% of the total reported for any

vaccine in that year.⁵ Given that only 1–10% of all vaccine-related adverse events are reported to VAERS,⁶ it is likely that these official numbers are significantly underestimating the extent of the problem. A comparison of COVID-19 injections in 2021 with all other vaccines over the preceding 10 years, shows a more than 10-fold increase in adverse events reports.⁷ While these reporting systems are only indicators of a potential problem and full epidemiological investigation is required to measure the true extent of the problem, in the meantime these systems exist as a crucial safety measure and the safety signals we refer to are being negligently ignored.

The same pattern is seen all over the world. For example, the Australian Therapeutic Goods Administration (TGA) received a total of 138,932 COVID-19 vaccine adverse event reports up to 11 June 2023.⁸ Again, we can assume that the true figures are a lot higher. Of additional concern, other official data from Australia suggest that the more COVID-19 doses received by an individual, the higher the likelihood of hospital admission, intensive care unit admission, and death.⁹ These data have serious implications for global health and, in accordance with WHO stated goals, requires immediate attention.

Pharmaceutical companies and regulators now acknowledge several serious side effects, specifically vaccine-induced thrombotic thrombocytopenia (VITT), myo- and peri-carditis, Guillain-Barré syndrome and transverse myelitis.¹⁰ VITT was the first serious adverse outcome to be recognised after the onset of the mass vaccination campaign.¹¹ It has now been officially recognised as a COVID-19 vaccine side effect, and blood tests of those with VITT have pathognomonic features of raised D-dimer, low fibrinogen, and presence of PF4 antibodies.¹² Access to high quality, evidence-based early diagnosis and treatment for patients with VITT remains inconsistent and lamentable internationally, and is an issue that the WHO must address and seek to rectify as a matter of the highest priority.

Pericarditis and myocarditis are acknowledged by the CDC to occur following the COVID-19 vaccines.^{13,14} We highlight recent Scandinavian studies that have shown that there is a 4.8 - 28 times greater chance of suffering myocarditis following the COVID-19 vaccine compared to COVID-19 itself.^{15,16} The risks are highest in the youngest age groups, who are at the least risk from SARS-CoV-2 infection, yet this has not been widely recognised in the medical literature or official guidelines. The WHO has an important duty of care to the public, to communicate risks as well as benefits of medical interventions, and we cannot understand why this risk has not been highlighted. The potential long-term outcomes for adolescents with vaccine-associated myocarditis are only now being officially investigated.¹⁷

In addition to these major and now acknowledged risks, the published literature has multiple studies highlighting other adverse effects occurring shortly after vaccination, including (but certainly not limited to): acute hair loss,¹⁸ non-Hodgkin lymphoma,¹⁹ acquired haemophilia A,²⁰ psychosis,²¹ acute depression,²² peripheral neuropathy,²³ genital ulcers,²⁴ angioedema,²⁵

thyroid eye disease,²⁶ central diabetes insipidus,²⁷ optic neuritis,²⁸ irregular bleeding and menstrual changes,²⁹ autoimmune encephalitis³⁰, sporadic Creutzfeldt-Jakob disease³¹ and potential consequences for the immune system.^{32,33} We present these examples to highlight that COVID-19 vaccines appear, increasingly, to drive a wide range of pathologies.

There are numerous things the WHO need to do to put right the harm caused and to prevent a repeat, but a first step should be this one. Due to the sheer number and variety of disease states and side effects occurring after COVID-19 vaccines, **we believe it is imperative to introduce “COVID-19 vaccine-induced side effects and related disorders” as an umbrella term disease state in the International Statistical Classification of Diseases and Related Health Problems (ICD)**, in order to begin to assess the scale and magnitude of the problem.

This would not only assist in the initiation of much-needed research into diagnostics and treatment for COVID-19 vaccine injuries, but also help identify those who have sustained a vaccine injury so that they can get the appropriate care they require.

In consideration of the World Health Organization's stated role to “*promote health, keep the world safe, and serve the vulnerable*”,³⁴ we urge you to adopt our request.

Yours sincerely

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¹ <https://www.who.int/about/what-we-do>

² https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4125239

³ https://www.ema.europa.eu/en/documents/covid-19-vaccine-safety-update/covid-19-vaccines-safety-update-8-december-2022_en.pdf

⁴ <https://openvaers.com/covid-data>

⁵ <https://www.sciencedirect.com/science/article/pii/S027869152200206X#sec15> (see Section 15. Considerations regarding the Vaccine Adverse Event Reporting System)

⁶ <https://virologytruth.s3.us-east-2.amazonaws.com/vaccines/vaers-reporting.pdf>

⁷ https://nationalcitizensinquiry.ca/wp-content/uploads/2023/04/WI-4d-Rose-Pharmacovigilance-VAERS-Paper-FINAL_2021-10-01.pdf

⁸ <https://www.tga.gov.au/news/covid-19-vaccine-safety-reports/covid-19-vaccine-safety-report-15-06-2023>

⁹ <https://www.health.nsw.gov.au/Infectious/covid-19/Documents/weekly-covid-overview-20221231.pdf>

¹⁰ <https://bnf.nice.org.uk/drugs/covid-19-vaccine/#side-effects>

¹¹ <https://www.businessinsider.com/astrazeneca-covid-vaccine-countries-suspend-denmark-thailand-batch-blood-clots-2021-3>

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9924737/>

¹³ <https://pubmed.ncbi.nlm.nih.gov/35892184/>

¹⁴ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html>

¹⁵ <https://bmjmedicine.bmj.com/content/2/1/e000373.abstract>

¹⁶ <https://jamanetwork.com/journals/jamacardiology/fullarticle/2791253>

¹⁷ <https://www.nymc.edu/news-and-events/news-archives/us-fda-awards-dr-supriya-jain-19-million-to-support-research-on-covid-19-vaccine-associated-myocarditis.php>

¹⁸ <https://pubmed.ncbi.nlm.nih.gov/36647894/>

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- ¹⁹ <https://pubmed.ncbi.nlm.nih.gov/36676781/>
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- ²¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9803341/>
- ²² <https://pubmed.ncbi.nlm.nih.gov/36043719/>
- ²³ <https://pubmed.ncbi.nlm.nih.gov/36893168/>
- ²⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9874779/>
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- ²⁶ <https://pubmed.ncbi.nlm.nih.gov/36251747/>
- ²⁷ <https://pubmed.ncbi.nlm.nih.gov/36810011/>
- ²⁸ <https://pubmed.ncbi.nlm.nih.gov/36790061/>
- ²⁹ <https://pubmed.ncbi.nlm.nih.gov/35856178/>
- ³⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9319671/>
- ³¹ <https://scholarlycommons.hcahealthcare.com/cgi/viewcontent.cgi?article=1420&context=internal-medicine>
- ³² <https://www.sciencedirect.com/science/article/pii/S027869152200206X#bib119>
- ³³ <https://www.science.org/doi/10.1126/sciimmunol.ade2798>
- ³⁴ <https://www.who.int/about/what-we-do#:~:text=WHO%20works%20worldwide%20to%20promote,better%20health%20and%20well-being>