COMMISSIONE MEDICO SCIENTIFICA INDIPENDENTE

Milano, 4th June 2023

Dr. Tedros Adhanom Ghebreyesus
Director General
World Health Organization
Geneva
Director-General@who.int

Subject: Request for an open discussion about the questionable perseverance in advocating repeated anti-COVID-19 vaccinations.

Sir,

the letter dated January 4, 2023 we addressed to you and then to the relevant officers of your cabinet remained unanswered. We are perfectly aware of how busy international officers may be. However, we consider your silence not only unpolite but strikingly unaccountable to the people whose health you have the mandate to promote and protect.

Our independent medical scientific Commission (CMSi - *Commissione Medico-Scientifica Indipendente*) continued to systematically follow the evolution of the Covid-19 pandemic and related global and national response and policies. We have **no conflicts of interest** and entirely base our observations and deductions on the **evidence emerging from the analysis of national and international literature and institutional data**.

Despite recognizing that Covid-19 does not represent a PHEIC anymore, the World Health Organization insists on advocating worldwide vaccination using vaccines whose efficacy and safety are increasingly questionable. Such advocacy is reiterated, notwithstanding the evidence that even in countries that have achieved much higher vaccination coverage the epidemic has not been halted, and the loss of efficacy against Covid-19 with higher and increasing infection rate at every booster in vaccinated individuals compared with the two-dose vaccinated and the unvaccinated [we enclose some important examples]. [1,2,3]

https://doi.org/10.1016/S1473-3099(23)00058-0

Long-term COVID-19 booster effectiveness by infection history and clinical vulnerability and immune imprinting: a retrospective population-based cohort study *Lancet Infect Dis* 2023

Hiam Chemaitelly, Houssein H Ayoub, Patrick Tang, Peter Coyle, Hadi M Yassine, Asmaa A Al Thani, Hebah A Al-Khatib, Mohammad R Hasan, Zaina Al-Kanaani, Einas Al-Kuwari, Andrew Jeremijenko, Anvar Hassan Kaleeckal, Ali Nizar Latif, Riyazuddin Mohammad Shaik, Hanan F Abdul-Rahim, Gheyath K Nasrallah, Mohamed Ghaith Al-Kuwari, Adeel A Butt, Hamad Eid Al-Romaihi, Mohamed H Al-Thani, Abdullatif Al-Khal, Roberto Bertollini, Jeremy Samuel Faust, Laith J Abu-Raddad

***Figure S6*: Booster effectiveness relative to primary series against SARS-CoV-2 infection by month since the start of the follow-up for each of (A) BNT162b2 and (B) mRNA-1273 vaccines.**

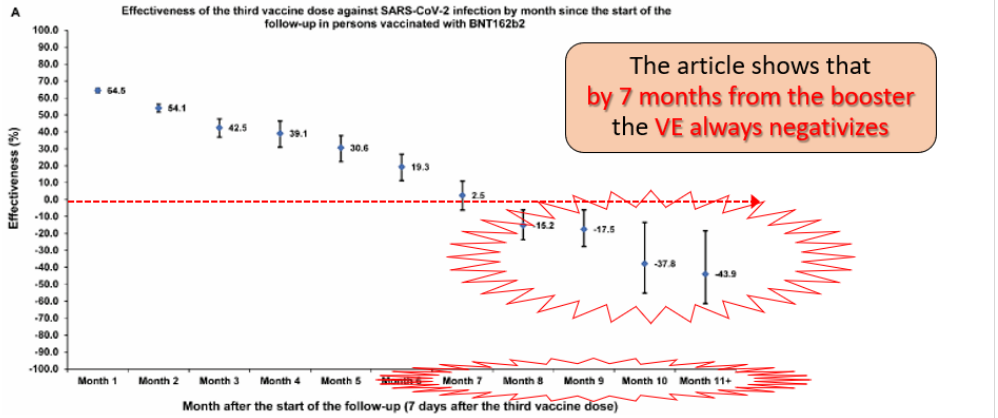
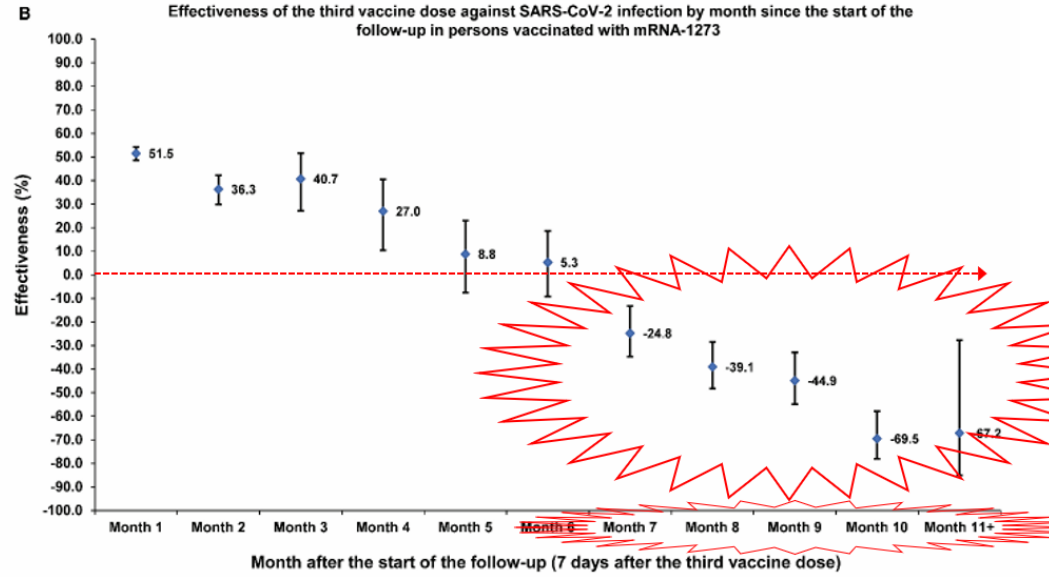


Figure 1. Example [1]

***Figure S6*: Booster effectiveness relative to primary series against SARS-CoV-2 infection by month since the start of the follow-up for (B) mRNA-1273 vaccines.**



Moderna vaccine: severe VE loss, less than zero as an annual average…

Figure 1 bis. Example [1]

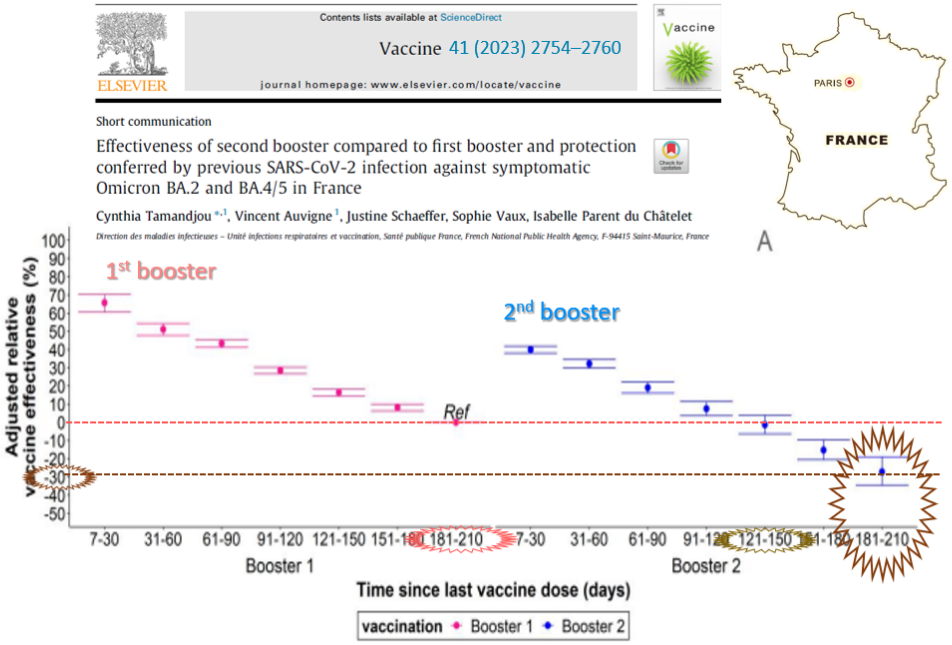


Figure S5: Adjusted relative vaccine effectiveness of the second booster of mRNA covid-19 vaccine against symptomatic Omicron BA.2 or Omicron BA.4/5 infection, relative to those who received the first booster dose 181-210 days ago, among **A. 60-79 years** old. Error bars = 95% confidence intervals of the estimates

9

Figure 2. Example [2]

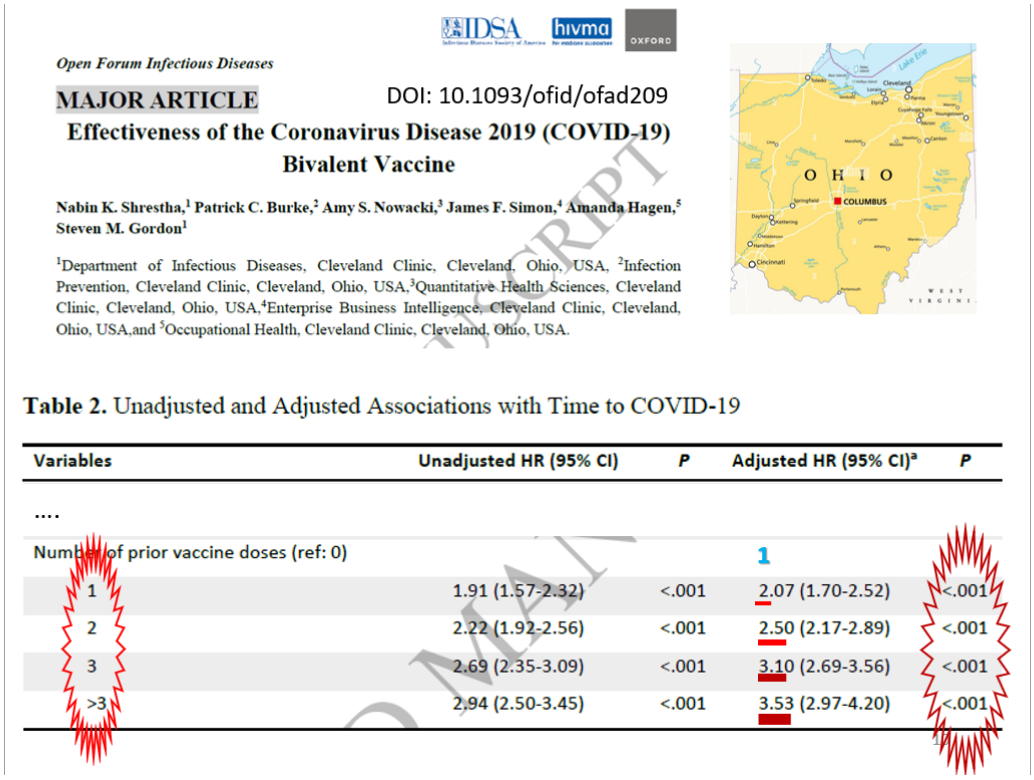


Figure 3. Example [3]

Already in June 2022 WHO recognized that "Accumulated evidence indicates that existing vaccines provide only modest and relatively limited duration of protection against infection".[4] The new data would require a much more decisive stance.

We feel obliged to recall that the original research and the results used for the emergency approval of the most widely used products (Pfizer-BioNTech and Moderna Spikevax Vaccines) did not provide enough guarantees regarding their safety. Indeed, the number of deaths for all causes among the vaccine groups were equal to (Moderna) or in tendency higher (Pfizer-BioNTech) than that in the groups receiving the placebo injections. In addition, as you know, the double blinding was soon interrupted by vaccinating also the placebo group participants, so precluding a fair comparison in a long-term follow-up, and invalidating the whole studies. Pfizer and Moderna mRNA COVID-19 vaccines were also associated with an excess of serious adverse events of special interest in vaccinated participants over placebo controls.[5]

Today evidence is accumulating that, for both the mRNA and Viral vector vaccines, the main assumptions regarding their safety were false (i.e. that the post-inoculation exposure to the spike protein produced by the cells of the recipient would be immediately destroyed in the site of the inoculation after having been exposed to the recipients' immune system). Indeed, a number of studies increasingly show that the Spike protein – known to be the most important pathogenic component of the coronavirus – can be found in many tissues of the inoculated person and could itself be the cause of adverse effects of the vaccination.[6,7]

In the absence of active surveillance in most countries, the real incidence of adverse effects is dramatically underestimated and the long-term consequences are not known. Passive surveillance results in a huge underestimation of vaccine adverse reactions, even severe ones.[8,9,10,11,12,13]

Especially in children and young adults mRNA vaccines might be involved in the mortality excess observed in a number of European countries from week 22 of 2021 until all of 2022, and the first months of 2023 [see Graphs and maps — EUROMOMO 0-14 and 15-44 years].

"Primum non nocere" is the Hippocratic principle that all health professionals as well as public health policies should respect. Therefore, we express again our highest concern about WHO's neglecting or minimizing the risks involved in the vaccination with the aforementioned vaccines and overlooking the emerging evidence of safety issues.

Moreover, with the new variants, also the duration of protection against severe COVID-19 is now in doubt, as shown by an ECDC Technical Report. [14]

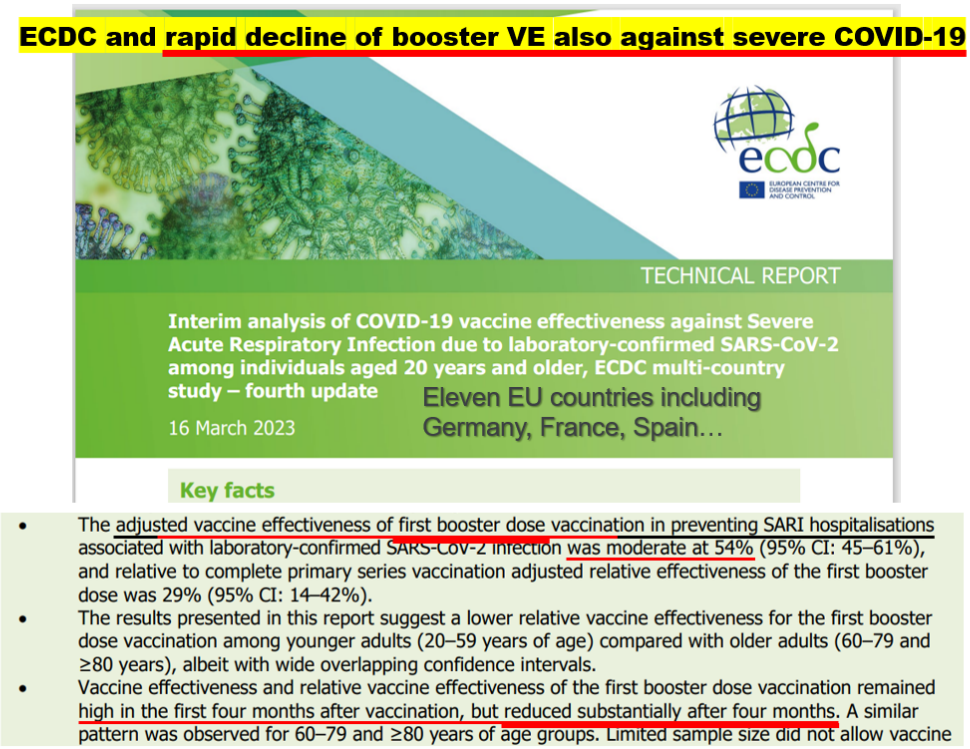


Figure 4. Ref. [14]

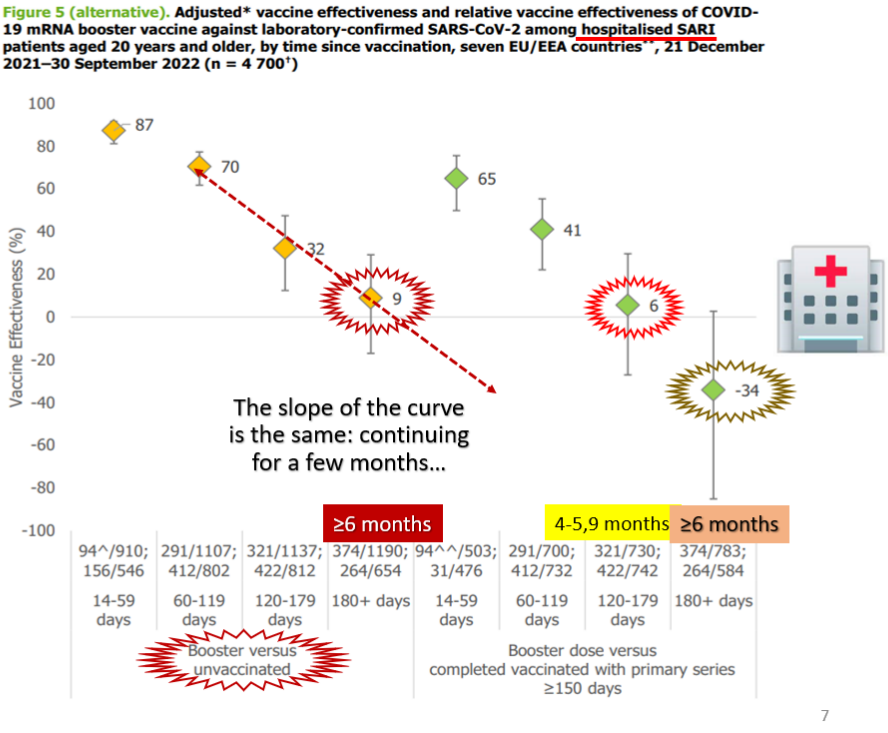


Figure 4 bis. Ref. [14]

COMMISSIONE MEDICO SCIENTIFICA INDIPENDENTE

The management of the anti-COVID-19 vaccination campaign, often recurring to coercion, has had an additional unwanted side effect: the loss of people's trust toward vaccines in general.

We have not lost our hope to have an open discussion about the exposed issues about the effectiveness and safety of the current anti-COVID-19 vaccination campaigns, with health professionals and researchers free from conflict of interests.

We look forward to your comments.

Kind regards,

CMSi: Dr. Alberto Donzelli, Prof. Marco Cosentino, Prof. Vanni Frajese, Dr. Patrizia Gentilini, Prof. Eduardo Missoni, Dr. Panagis Polykretis, Dr. Sandro Sanvenero, Dr. Eugenio Serravalle

---

[1] Chemaitelly H, Ayoub HH, Tang P, et al. Long-term COVID-19 booster effectiveness by infection history and clinical vulnerability and immune imprinting: a retrospective population-based cohort study. *Lancet Infect Dis* 2023; https://doi.org/10.1016/S1473-3099(23)00058-0

[2] Tamandjou C, Auvigne V, Schaeffer J, et al. Effectiveness of second booster compared to first booster and protection conferred by previous SARS-CoV-2 infection against symptomatic Omicron BA.2 and BA.4/5 in France. *Vaccine* 2023;41(17):2754-2760. doi: 10.1016/j.vaccine.2023.03.031.

[3] Shrestha NK, Burke PC, Nowacki AS, et al. Effectiveness of the Coronavirus Disease 2019 (COVID-19) Bivalent Vaccine, *Open Forum Infectious Diseases*, 2023;ofad209, https://doi.org/10.1093/ofid/ofad209.

[4] WHO, Global Covid-19 Vaccination Strategy in a Changing World, July 2022 update.

[5] Fraiman J, Erviti J, Jones M, et al. Serious adverse events of special interest following mRNA COVID-19 vaccination in randomized trials in adults, *Vaccine*, 2022, 40: 5798-5805, https://doi.org/10.1016/j.vaccine.2022.08.036.

[6] Trougakos IP, Terpos E, Alexopoulos H, et al. Adverse effects of COVID-19 mRNA vaccines: the spike hypothesis. *Trends Mol Med*. 2022 Jul;28(7):542-554. https://doi.org/10.1016/j.molmed.2022.04.007 Epub 2022 Apr 21.

[7] Cosentino M, Marino F. Understanding the pharmacology of COVID-19 mRNA vaccines: playing dice with the spike? Int *J Mol Sci* 2022; 23(18),10881; https://doi.org/10.3390/ijms231810881

[8] Rosenblum HG, Gee J, Liu R, et al. Safety of mRNA vaccines administered during the initial 6 months of the US COVID-19 vaccination programme: an observational study of reports to the Vaccine Adverse Event Reporting System and v-safe. *Lancet Infect Dis* 2022;22(6):802-812. http://dx.doi.org/10.1016/S1473-3099(22)00054-8

[9] Hause AM, Baggs J, Marquez P, et al. Safety Monitoring of COVID-19 Vaccine Booster Doses Among Adults — United States, September 22, 2021–February 6, 2022. *MMWR* 2022;71:249-254.

[10] Hause AM, Gee J, Baggs J, et al. COVID-19 Vaccine Safety in Adolescents Aged 12–17 Years — United States, December 14, 2020–July 16, 2021. *MMWR* 2021;70(31):1053-1058. (see Table 3).

[11] Mansanguan S, Charunwatthana P, Piyaphanee W, et al. Cardiovascular Manifestation of the BNT162b2 mRNA COVID-19 Vaccine in Adolescents. *Trop Med Infect Dis* 2022;7(8):196. http://dx.doi.org/10.3390/tropicalmed7080196

[12] Baden LR, El Sahly HM, Essink B, et al. Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine. *N Engl J Med* 2021; 384:403-416. DOI: 10.1056/NEJMoa2035389. Supplementary Appendix Table S4.

[13] Supplement to: Ali K, Berman G, Zhou H, et al. Evaluation of mRNA-1273 SARS-CoV-2 vaccine in adolescents. *N Engl J Med*. http://dx.doi.org/10.1056/NEJMoa2109522

[14] European Centre for Disease Prevention and Control. Interim analysis of COVID-19 vaccine effectiveness against Severe Acute Respiratory Infection due to SARS-CoV-2 in individuals aged 20 years and older – third update. ECDC: Stockholm; 2022. https://www.ecdc.europa.eu/en/publications-data/interim-analysis-covid-19-vaccine-effectiveness-against-severe-acute-respiratory