

COMPULSORY VACCINATION AGAINST COVID-19 ? ***A position paper on vaccine development, compulsory vaccination and proof of immunity***

Vaccinations are preventive measures for healthy people - they must therefore meet higher requirements in terms of their effectiveness and above all safety than, for example, therapeutic drugs, for which an existing level of suffering may justify certain treatment risks.

The responsible development of effective vaccines is a sensible and necessary component of international strategies against any pandemic. Such vaccines should be available worldwide to people who **want** to protect themselves.

Nevertheless, we urgently warn against:

- making a possible vaccine the central solution to contain the current COVID 19 pandemic
- making the restoration of the rule of law dependent on the availability of such a vaccine
- making compulsory vaccination a prerequisite for (re)granting basic rights.

The safety of a COVID 19 vaccine

Despite years of intensive and international efforts, **it has not yet been possible to develop vaccines against corona viruses (SARS, MERS)**. For example, previous vaccine candidates against SARS have shown that vaccinated laboratory animals developed severe lung damage after targeted infection with the wild virus.

In addition, many of the vaccines currently in development use **technologies** that are either **completely novel** and therefore lack human clinical experience (mRNA vaccines) or are still in the trial stage with very limited experience (e.g. vaccines using viral vectors). The potential risks of these vaccines cannot currently be responsibly assessed.

From a scientific and ethical point of view, it is therefore essential that special care be taken in the development and, above all, the testing of these vaccines. This includes a particularly thorough and long-term observation for possible adverse drug effects. The final phase III studies must be carried out with sufficiently large numbers of volunteers, a comparison group with a real placebo and a sufficiently long follow-up period to be able to detect even less frequent side effects, before approval.

Recent events involving the shingles vaccine Shingrix® show that even with regularly approved vaccines, serious side effects can still emerge years after administration. Shingrix® is an „adjuvanted“ DNA vaccine - a manufacturing process that is also being used for some SARS-CoV-2 vaccine candidates.

The effectiveness of a COVID 19 vaccine

An additional complicating factor with SARS-CoV-2 is that **the significance of antibody measurements** in the blood for actual immunity against the infection is unclear. Therefore, the mere detection of the antibodies produced cannot - as is often the case - be used here as sufficient proof of the vaccine's effectiveness.

Large comparison groups and long-term follow-up observations are necessary for proof of actual protection against infection and disease.

In summary, the development of a vaccine against SARS-CoV-2, regarding proof of safety and efficacy, is particularly open to many uncertainties and questions.

We therefore consider the frequently discussed approval of such a vaccine that bypasses the established safety standards of vaccine development („fast-track“ approval), which has only been made possible by the latest, constitutionally controversial amendment to the German ‘Protection Against Infection’ Act to be absolutely irresponsible.

Doctors for individual vaccination decisions

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The question of ‚Proof of Immunity‘

It is currently completely unclear whether antibodies against SARS-CoV-2, which can be detected in the blood of humans, mean immunity and protection against re-infection at all. Even if protection is to be assumed, its duration is not known.

There is also no reliable evidence that these antibodies reduce the risk of transmitting SARS-CoV-2 to other people. The example of whooping cough shows that protection from one's own illness and protection from infecting others is by no means synonymous.

The significance of SARS-CoV-2 antibodies for the possible spread of COVID-19 is therefore currently not scientifically assessable.

The planned amendments to the ‚Protection Against Infection‘ Act

The planned amendments to the ‚Protection Against Infection‘ Act calls for „vaccination and immunity documentation“. As explained above, there is no scientific evidence on which to base valid documentation of immunity to SARS-CoV-2 or COVID-19.

We also firmly reject linking the (re)granting of any constitutionally guaranteed human rights to ‚proof of vaccination or immunity‘.

The question of direct or indirect compulsory vaccination

Infection with SARS-CoV-2 only leads to severe, complication-prone or even threatening disease progression in a very small proportion of infected people. The vast majority have no or only slight flu-like symptoms. It can be assumed that, until a SARS-CoV-2 vaccine is approved, significant parts of the population will have already formed antibodies against the virus. **A very large part of the population would therefore not benefit from a vaccination.**

According to the current state of knowledge (end of April 2020), it is not conclusively clear whether and to what extent COVID-19 leaves an individual immune as protection against a renewed infection of the disease. Nor do we know whether SARS-CoV-2 is only a single strain of the virus or whether two or three different strains are rampant.

It is also unclear whether and to what extent living through the disease actually protects against further spread of the virus. The question as to whether classical herd immunity develops is therefore currently not answered for COVID-19 disease.

Whether an individual immunity exists after vaccination against SARS-CoV-2 will - as shown above - only be answered in complex and long-term studies. This applies even more so to the question of whether the vaccination will actually produce herd immunity (only a few of the established vaccines have achieved this).

As long as it is not proven beyond doubt that SARS-CoV-2 vaccines reliably lead to herd immunity, they can only be recommended for risk groups in order to provide individual protection.

A general vaccination recommendation can only be justified if the safety and effectiveness of the vaccine has been sufficiently investigated and if it is clarified how the previously naturally immunised part of the population can be excluded from even considering the vaccine.

The call for compulsory vaccination, which some politicians have already been advocating to the public, is unethical in our view, as **it violates the right to bodily integrity as a fundamental right.**

In summary, there is no basis for compulsory vaccination against SARS-CoV-2.

We demand:

- A future SARS-CoV-2 vaccine must be thoroughly tested scientifically for its clinical efficacy and safety within the framework of established approval procedures for vaccines prior to market approval.
- A future SARS-CoV-2 vaccine must be subjected to intensive active 'post-marketing surveillance' after market approval.
- We categorically reject any circumvention, diminution or shortening of these procedures within the framework of the constitutionally highly controversial recent amendments to the 'Protection Against Infection' Act for the reasons described above.
- The decision for or against a SARS-CoV-2 vaccination must - as with any vaccination - remain the individual decision of each person.
- The granting or denial of constitutionally guaranteed human rights may under no circumstances be linked to a vaccination decision or the proof of antibodies against certain pathogens.
- Population-based strategies and scenarios for dealing with the pandemic must be developed that are realistic and implementable even if a vaccine is not available or only available in limited quantities.



Steffen Rabe PhD
Speaker of the Board

This text can be downloaded as PDF [here](#).

The association „Ärzte für individuelle Impfentscheidung e. V.“ (Doctors for individual vaccination decisions) is a non-profit organisation of doctors who consider protective vaccinations to be a fundamental part of medical prevention. It demands the preservation of a free, individual and responsible vaccination decision based on differentiated, comprehensive and open-ended advice for all people, regardless of their origin or nationality and regardless of the reason for their stay in Germany. The association represents this demand out of a democratic, non-partisan self-image. We demand and promote an open, civil society discourse on the subject of vaccination and reject polarising positions both on a professional and socio-political level - we therefore oppose any attempt to monopolise or instrumentalise our work in this sense. The association feels obliged to the Ottawa Charter of the WHO: „Health promotion aims at a process of enabling all people to have a higher degree of self-determination over their health and thus empowering them to strengthen their health. (WHO 1986).