

## Kathleen Logan

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**From:** Amanda Kvalsvig <amanda.kvalsvig@otago.ac.nz>  
**Sent:** Friday, 9 July 2021 6:21 PM  
**To:** Kathleen Logan; Michael Baker; Andrew Becroft; Leah Haines  
**Subject:** RE: Please help Andrew Becroft & OCC with interpreting vaccine spike protein claims

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Kia ora Kathleen

I've now had a chance to look into the evidence about cardiovascular side effects of Pfizer vaccine in children. (More specifically, the concern is around myocarditis, inflammation of the heart muscle, and pericarditis, inflammation of the lining around the heart. I have not seen rigorous studies of spike proteins). Here is some background info:

1. Because the Pfizer vaccine is currently being rolled out in the 12-15 age group in the US, all unusual illnesses occurring in vaccinated children are reported and investigated, in case they might have a link to vaccination.
2. Earlier this year the Pfizer vaccine was tested in a trial of 2260 adolescents aged 12-15. The trial had an extremely rigorous design (randomized, placebo-controlled, observer-blinded). The investigators found that the observed vaccine efficacy was 100% (ie, none of the vaccinated children developed Covid-19). There were no vaccine-related serious adverse events.
3. Since that time, over 2.5 million doses have been given to 12-15 year-olds in the US and surveillance has reported no detectable increase in myocarditis or pericarditis in this population.
4. A recent US case series reported a finding of myocarditis and /or pericarditis (they are hard to distinguish) in 7 adolescents (all male) aged 14-19 years who had been vaccinated. This finding has sparked a discussion about whether vaccination caused the myocarditis or whether it was coincidental. The picture is complex because myocarditis is normally (ie, pre-Covid) a rare but well-recognised occurrence in this age group, and it is also a known complication of Covid-19 infection. The 7 adolescents all responded to minimally-invasive treatment. As a result of this report, instances of myocarditis or pericarditis are being closely monitored in the adolescent US population and elsewhere.

Putting all of that together with the known risks of serious illness and death from Covid-19 infection, it is clear that overall, vaccinated children are experiencing better outcomes than children with Covid-19 infection. Given the large numbers being vaccinated currently, we would expect that even extremely rare vaccine effects will 'declare themselves' in the next months and we can expect that the question mark about myocarditis will be clarified soon. A further point to note is that even if myocarditis is established as a known complication, if cases are treatable (as in the case series above), it may still be in children's best interests to receive the vaccine (compared with the risk of becoming ill with Covid-19).

My own approach to people expressing concerns about vaccine safety in children would be to:

- Acknowledge the concern as coming from a place of wanting to keep children safe.
- Not engage in detailed discussions until the evidence is in.
- Note that children receiving Covid-19 vaccines around the world are being very closely followed. So far the evidence is reassuring, but if that changes, the vaccine strategy will also change.

More coming soon about the broader implications, but I thought it would be useful to answer that specific query first.

Ngā mihi  
Amanda

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**From:** Amanda Kvalsvig  
**Sent:** Tuesday, 6 July 2021 5:30 PM  
**To:** Kathleen Logan  
**Subject:** RE: Please help Andrew Becroft & OCC with interpreting vaccine spike protein claims

Hi again Kathleen

Thanks for sending these through. In our editorial we're aiming to contextualise decisions in terms of children's wellbeing, population wellbeing, and equity. So that is the challenge we have: to keep all of these elements in mind.

More soon,  
Amanda

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**From:** Kathleen Logan <[K.Logan@occ.org.nz](mailto:K.Logan@occ.org.nz)>  
**Sent:** Tuesday, 6 July 2021 4:34 PM  
**To:** Amanda Kvalsvig <[amanda.kvalsvig@otago.ac.nz](mailto:amanda.kvalsvig@otago.ac.nz)>  
**Subject:** RE: Please help Andrew Becroft & OCC with interpreting vaccine spike protein claims

Thank you Amanda, I really appreciate your response, and look forward to comments from you, thanks. We can hold off further replies to people until Friday.

Attached is something that has been sent to us.

We were also sent confidentially another paper in draft that is yet to be submitted for publication (about increase in certain harms from lockdown). Our [Life in Lockdown report](#), (Chapter 5 page 40) indicated (with a rough and ready analysis) that children's different experiences illuminated the inequities among those in low versus high socioeconomic groups (based on school decile because that's all we had). We are concerned about inequitable impacts of lockdown too.

Thanks for your hard work.  
Ngā mihi  
Kathleen Logan

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**From:** Amanda Kvalsvig <[amanda.kvalsvig@otago.ac.nz](mailto:amanda.kvalsvig@otago.ac.nz)>  
**Sent:** Tuesday, 6 July 2021 2:59 PM  
**To:** Kathleen Logan <[K.Logan@occ.org.nz](mailto:K.Logan@occ.org.nz)>; Michael Baker <[michael.baker@otago.ac.nz](mailto:michael.baker@otago.ac.nz)>  
**Cc:** Andrew Becroft <[A.Becroft@occ.org.nz](mailto:A.Becroft@occ.org.nz)>; Leah Haines <[L.Haines@occ.org.nz](mailto:L.Haines@occ.org.nz)>  
**Subject:** RE: Please help Andrew Becroft & OCC with interpreting vaccine spike protein claims

Kia ora Kathleen

It's good to hear from you. Covid-19 vaccination in children is such important and emotive issue, isn't it. Really good to think together about an evidence-informed approach.

I've been concerned for some time about exactly this type of controversy around risks. I'm currently drafting an editorial, together with Dr Jin Russell (paediatrician at Starship), in which we discuss how to integrate decisions about children into upcoming decisions in the Covid-19 response; we also consider the vaccine evidence that we have to date. The editorial covers the points you mention so it

might be useful if we share some notes from the editorial in confidence. Jin and I are still chasing down the best evidence on some points but we can aim to have some **comments back to you on Friday**. We'll discuss with Michael and with Nikki Turner as well, to get a good spread of advice.

**Would that plan be helpful to you? YES PLEASE!**

In the meantime you could simply say that you're seeking advice, as no decisions on child vaccinations need to be made in the next 1-3 days and the issue needs careful consideration.

Ngā mihi  
Amanda

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**From:** Kathleen Logan <[K.Logan@occ.org.nz](mailto:K.Logan@occ.org.nz)>  
**Sent:** Tuesday, 6 July 2021 10:37 AM  
**To:** Amanda Kvalsvig <[amanda.kvalsvig@otago.ac.nz](mailto:amanda.kvalsvig@otago.ac.nz)>; Michael Baker <[michael.baker@otago.ac.nz](mailto:michael.baker@otago.ac.nz)>  
**Cc:** Andrew Becroft <[A.Becroft@occ.org.nz](mailto:A.Becroft@occ.org.nz)>; Leah Haines <[L.Haines@occ.org.nz](mailto:L.Haines@occ.org.nz)>  
**Subject:** Please help Andrew Becroft & OCC with interpreting vaccine spike protein claims  
**Importance:** High

Morena Amanda & Michael

I'm sorry to bother you when I know you are busy, but we need your help please for the Children's Commissioners' public responses. To date, we have supported the official information channels via the Ministry of Health. But...

We are starting to receive letters to the OCC **opposing vaccination of children** from scientists and clinicians, not just worried public, for specific reasons:

These are due to several factors they claim:

- Until 2023, vaccines are still experimental for children due to lack of long-term safety evidence
- Covid spike protein expression has potential severe side effects in cardiovascular tissues, (eg myocarditis and pericarditis), organs and lung tissue that can cause death or long term ill health
- Children are otherwise healthy – asymptomatic and do not transmit the virus (much / at all?) compared with high risks of death to other population groups who warrant experimental vaccination

(The sum of those points = *unwarranted risks to individual children* of the vaccine)

- Children can't consent to participate in research in and of themselves and rely on adults around them.
- We should therefore wait until we have more information on the safety of the vaccine for children, as it is in their best interests.

Those who oppose vaccines due to **unknown risks** following fast-tracked approval processes have a good point, and I can't refute them.

Another angle we can take is to say we **can't talk about children in isolation of their families**. *Populations are vaccinated to protect everyone – so children being vaccinated even when we don't know long term risks (on them as individuals), are also to protect their families and baby siblings. We know the severe risks of illness and death from Covid infection on babies and older people in their families warrant vaccination. Children without healthy parents also bear a burden. There are many more factors to weigh up than unknown, theoretical, long-term risks of vaccinations on otherwise healthy individual children.*

This could be a line we take at the OCC, but we need assurance that the potential side effects of the vaccine do not, in fact, pose an unnecessary risk for children (aged 5-17).

Thank you for your support for the Commissioner in interpreting the science behind these claims, especially the spike protein expression side effects in the cardiovascular system.

Ngā mihi

**Dr Kathleen Logan**

Lead, Education Advocacy Work Programme

Chair, Advisory Committee on Assisted Reproductive Technologies

Senior Advisor, Strategy Rights & Advice

Te Tari o te Kaikomihana mō ngā Tamariki

Office of the Children's Commissioner [www.occ.org.nz](http://www.occ.org.nz)

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