

Twitter Thread by Jonathan Engler



Jonathan Engler

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As medics, we were trained to apply "precautionary principle" and "first do no harm". It's drilled into students constantly.

It involves the recognition that every medical intervention has risks which need to be balanced with

So I am wondering why the government is administering the Pfizer vaccine at all to healthy NHS staff.

We know the risks of significant illness in this group are really, really low.

In England, recorded deaths for people less than 60 years old with no pre-existing condition during the entire pandemic currently stands at 322:

<https://t.co/FRgRhY3s73>

To place into context, in the 2017/8 winter season, there were 1470 deaths attributable to flu in the <65 year bracket.

<https://t.co/paAtM3Koi>

To protect patients?

But as yet the vaccine has not even been shown to prevent infection or transmission, only reduce the severity of symptoms. Even Pfizer's CEO has stated as much.

<https://t.co/j9iODDgEvP>

None of the companies are claiming any reduction in the propensity to become infected, for example Pfizer's CEO is careful what he says here:<https://t.co/wki00gMQoO>

— Jonathan Engler (@jengleruk) December 7, 2020

To reduce self-isolation by NHS staff?

OK, is this really what we want?

"In the worst-case scenario, you have people walking around feeling fine, but shedding virus everywhere," says virologist Stephen Griffin at the University of Leeds, UK.

<https://t.co/o91WCQm9E1>

Well it's pretty safe? And it may well be, though to my mind 3 or 4 months exposure in 22k subjects isn't really great enough to justify roll-out into 10s / 100s of millions in one go.

But one particular aspect of of this really, really disturbs me.

It would appear that in the rush to roll-out the Pfizer vaccine, there were no contra-indications specified for anybody who had a history of allergic reactions.

Really? I get asked that if ever I am given any medicine at all, whether it be drug treatment, or any vaccine.

So today we have had this:

<https://t.co/8RQjwwsYqo>

No such reactions were seen during the trial. That is true.

Notably, however, subjects with a "history of severe adverse reaction associated with a vaccine" were specifically excluded.

<https://t.co/Q6DNMsAdpG>

So today, the Regulator has seen fit to issue a contra-indication for subjects with a history of significant allergic reactions.

<https://t.co/2YHN72HebF>

Now I had assumed that these reactions would be one-offs, totally unpredictable.

If so, well it's kind of understandable as the unexpected happens.

Life would be boring otherwise.

But no, apparently and somewhat astonishingly:

"Both NHS workers have a history of serious allergies and carry adrenaline pens around with them."

Really? Nobody thought to exclude these individuals? Nobody thought that the balance of risk / benefit maybe mitigated against them receiving this brand new vaccine?

Where has "precautionary principle" gone?

My only conclusion is that that normal, careful risk evaluations have gone completely out of the window.

I suppose I shouldn't be surprised. None of the lockdown policies pursued were ever properly analysed for collateral harms, even after the evidence became available.

I always feel the need to emphasise that I am not at all "anti-vax". All my 4 children had all their childhood vaccines.

I even think there's a case to be argued to allow schools to mandate vaccination as an entry requirement.

But these vaccines have been around for decades, and billions of doses have been given.

I am not "against" the Pfizer vaccine. It is a monumental achievement to have developed it in such a short timeframe.

I am encouraging the vulnerable to take it as soon as available.

What I am against, though, is the use of an ill-conceived, rushed mass roll-out of a brand new product - without proper risk/benefit analysis - purely as a fig-leaf for egregious political incompetence.