Attention: Leaders in Sporting Organizations

Name of organization: _____

Address: _____

Date: _____

Participant name (print): _____

Re: Urgent concern about youth sports participation eligibility

Dear _____,

Thank you for your commitment to our youth and to their growth and healthy development through participation in sports. Our government also seems to understand the importance of participation in athletic activity as a "health right" for our young people.[1-3]

It is no secret that, despite the valiant efforts of sung and unsung heroes attempting to comply with the varying public health mandates, our children have been among those who have been disproportionately harmed by the pandemic control measures.[4-7]

To prevent further harm to our children, please reconsider your current vaccine requirements. While there are separate serious legal and ethical concerns over vaccine mandates, the concern we are sharing here is about the very real ***risk of harm to the health and well-being of our youth***. It should also be appreciated that while these points focus on those under 18 years of age, most of these concerns also clearly apply to older young adults too.

Please consider the following:

1. Health Canada has stated that the benefits of vaccination, especially for children and youth with certain underlying medical conditions, outweigh the likelihood of harm. However, making that decision and weighing those odds remains a personal and private choice. It should be noted that the *Joint Committee on Vaccination and Immunisation* (UK) "does not currently advise routine universal vaccination of children and young people less than 18 years of age."[8]

2. If healthy children do get infected with SARS-CoV-2, their COVID-19 symptoms are generally exceptionally mild.[9] Within a large cohort of more than 44,000 people with COVID-19 in China, illness severity was lower in children than in adults, with 94% of affected children having asymptomatic, mild or moderate disease.[10]

3. The overall survival rate of minors (under the age of 19 years) with COVID-19 is 99.997%.[11,12] Data from the CDC indicates that for 12 to 17 year-olds, from March 1, 2020 to April 24, 2021 in 14 US states, COVID-19 adolescent hospitalization rates varied from 0.6 to 2.1 per 100,000, but without any recorded deaths.[13] As of July 30, 2021, only the Pfizer RNA vaccine had received Emergency Use Authorization in the US for adolescents aged 12-17 years. Another review by CDC of the data from the V-safe Program (a smartphone-based safety surveillance system) showed that out of 129,050 adolescents that were immunized, 56 were hospitalized (i.e., a rate of 43 per 100,000).[14] This shows there is a

more than 20-fold higher rate of risk of hospitalization in 12 to 17 year-olds from administration of the Pfizer RNA vaccine than from the virus for which it is supposed to offer protection.

4. COVID-19 vaccines have caused many serious adverse effects. The US Centers for Disease Control (CDC) have now listed myocarditis as a possible adverse effect of the vaccines, "particularly in adolescents and young adults."[15] While the risk of myocarditis was initially recognized in Israel with the Pfizer vaccine, recent studies from Canada have indicated an even 2.5-fold greater risk of myocarditis with the Moderna RNA vaccine compared to the Pfizer product.[16] This is especially relevant for sports organizations whose members are predominantly adolescent and young adults. **Subclinical or mild myocarditis is of particular concern as this is associated with sudden cardiac death in young athletes.**[17]

5. Myocarditis accounts for up to 7% of sports related sudden cardiac death. In fact, sudden cardiac death during sport or exertion may be the first sign of myocarditis as it may occur in subclinical (asymptomatic) cases during the active and healing phases of the inflammatory condition. If myocarditis is diagnosed, it is recommended that athletes rest from sport for a minimum of 6 months and clinical reassessment is required before return to activity.[17] Sudden cardiac death due to subclinical myocarditis is clearly more serious than concussion, which has been a liability headache for sport clubs (like the $1 billion collective settlement[18] made by the NFL in 2015).

   In contrast to media reports, there is no such thing as mild myocarditis. This is an inflammatory disease in which heart cells are destroyed, and the damage is permanent. Heart cells cannot be replaced by new heart cells, but instead are replaced by scar tissue, which does not have contractile ability. Even though the athlete may have short-term symptomatic recovery, they are at potential for heart issues later in life.

   - Adverse events of special interest (AESI) as reported by Public Health Agency of Canada are medically significant events that have the potential to be causally associated with a vaccine product.[19] Most of the AESI categories and conditions are relevant and concerning for any healthy athlete, specifically when one considers that young, healthy athletes are in a particularly low risk group for severe outcomes from SARS-CoV-2 infection. [11,12-]A specific few of the listed adverse event risks are particularly concerning for the healthy athlete, including: myocarditis/pericarditis (heart inflammation); cardiac arrest and other cardiac conditions, Guillain-Barré syndrome (severe weakness or paralysis); thrombocytopenia (low blood platelets which could cause internal bleeding in contact sport) and haemorrhage (bleeding); thrombosis, including cerebral venous (sinus) thrombosis, and cerebral thrombosis (blood clots in the arteries of the brain); cerebrovascular accident (stroke); pulmonary embolism; acute kidney injury; transverse myelitis (inflammation of spinal cord which can cause paralysis); and acute respiratory distress syndrome.[19] ***Any of these would be a tragic adverse event for any athlete and any young person.*** A case report of a 17 year-old basketball player with severe adverse events presents some of the vaccine-related risks posed to young, healthy athletes.[20,21]

6. Most vaccines are trialed for at least 5-10 years,[22] and COVID-19 vaccines have been in trials for only a year or less. Consequently, **long term efficacy and safety data is noticeably missing with the COVID-19 vaccines.**

7. Vaccinated people can become infected, can carry equal nasal viral loads, and can transmit the virus at least as much as the unvaccinated.[23] Consequently, there is no added benefit from vaccination to outweigh the potential risks for vaccine induced injury.

8. Children are exquisitely sensitive to exclusion and stigmatization. Stigmatization of any kind, especially about health matters (that are protected personal health information[24]), can be profoundly damaging to children by negatively impacting their mental health. Again, stigmatization furthers harms and divides children – rather than teaching the positive values of social skills and teamwork.

Please reflect upon the weight of all of this evidence that may have not been known to you. If your organization is considering implementing a vaccine mandate for sports participation, we ask that you consider these facts and decline to implement such a dangerous and unnecessary policy that is not driven by science and evidence. Again, if your organization has already implemented such a policy, we respectfully request that you retract that mandate. Please allow all of our children to retain sports participation as at least one area of normalcy for them in these challenging times.

Respectfully,

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24. Inquiring into a person's vaccination status is a breach of medical privacy (specifically, the Personal Health Information Protection Act in Ontario, for example).