

Dear Mr Hancock,

I have a degree in Biochemistry & Toxicology & a research based PhD in pharmacology. I have spent 32years working in pharmaceutical R&D, mostly in new medicines for disorders of lung & skin. I was a VP at Pfizer & CEO of a biotech I founded (Ziarco - acquired by Novartis). I'm knowledgeable about new medicine R&D. I have read the consultation document. I've rarely been as shocked & upset. All vaccines against the SARS-COV-2 virus are by definition novel. No candidate vaccine has been in development for more than a few months. If any such vaccine is approved for use under any circumstances that are not EXPLICITLY experimental, I believe that recipients are being misled to a criminal extent. This is because there are precisely zero human volunteers for whom there could possibly be more than a few months past-dose safety information. My concern does not arise because I have negative views about vaccines (I don't). Instead, it's the very principle that politicians seem ready to waive that new medical interventions - at this, incomplete state of development- should not be made available to subjects on anything other than an explicitly experimental basis. That's my concern.

And the reason for that concern is that it is not known what the safety profile will be, six months or a year or longer after dosing. You have literally no data on this & neither does anyone else. It isn't that I'm saying that unacceptable adverse effects will emerge after longer intervals after dosing. No: it is that you have no idea what will happen yet, despite this, you'll be creating the impression that you do. Several of the vaccine candidates utilise novel technology which have not previously been used to create vaccines.

There is therefore no long term safety data which can be pointed to in support of the notion that it's reasonable to expedite development & to waive absent safety information on this occasion. I am suspicious of the motives of those proposing expedited use in the wider human population. We now understand who is at particularly elevated risk of morbidity & mortality from acquiring this virus. Volunteers from these groups only should be provided detailed information about risk / benefit, including the sole point I make here.

Only if informed consent is given should any EXPERIMENTAL vaccine be used. I don't trust you. You've not been straightforward & have behaved appallingly throughout this crisis. You're still doing it now, misleading about infection risk from young children. Why should I believe you in relation to experimental vaccines?

Dr Michael Yeadon