

Citizen Participation and Public Petitions Committee
Wednesday 29 May 2024
10th Meeting, 2024 (Session 6)

PE2086: Recognise the vaccine injured and offer appropriate treatment

Introduction

Petitioner William Queen

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to acknowledge those injured by Covid-19 vaccines and to have the NHS offer appropriate treatment to those who are injured.

Webpage <https://petitions.parliament.scot/petitions/PE2086>

1. This is a new petition that was lodged on 28 February 2024.
2. A full summary of this petition and its aims can be found at **Annexe A**.
3. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.
4. Every petition collects signatures while it remains under consideration. At the time of writing, 699 signatures have been received on this petition.
5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered.
6. The Committee has received submissions from the Scottish Government and the petitioner which are set out in **Annexe C** of this paper.

Action

7. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
May 2024

Annexe A: Summary of petition

PE2086: Recognise the vaccine injured and offer appropriate treatment

Petitioner

William Queen

Date Lodged

28 February 2024

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to acknowledge those injured by Covid-19 vaccines and to have the NHS offer appropriate treatment to those who are injured.

Previous action

I have written to all 8 of my MSPs asking them to help those injured by the covid vaccines. Most told me the vaccines were safe and effective. I had one meeting with Pam Duncan Glancy where she promised help but nothing came of those promises.

Background information

My wife was injured by the Covid-19 vaccine and we had to find a private doctor to help her. Through this journey we met others who had been injured by the vaccines. Most of them have failed to find any help or acknowledgement from the SNHS and have been gaslit by those who are supposed to care for them.

Through this journey we found this group of volunteers

<https://scottishvaccineinjurygroup.org/>

They now hold core participant status in both the UK and Scottish covid enquiries and the number of members continues to grow.

The frustration at being unable to access proper health care has also led to suicides from those injured and it's now time for our government to give the help needed by people who "did the right thing " and now feel abandoned by their government.

Annexe B: SPICe briefing on PE2086



Overview of issues raised by the petition

The petitioner is calling on the Scottish Parliament to urge the Scottish Government to properly acknowledge those injured by Covid-19 vaccines and to have the NHS offer appropriate treatment to those who are injured by the vaccines.

The petitioner believes that his wife was injured by one of the vaccines developed to combat COVID-19. The [Scottish Vaccine Injury Group](#) comprises people who developed new symptoms following vaccination. The website provides links to information, sources of support, research and other relevant sites.

The petitioner does not define or detail what is meant by recognition of vaccine damage – or, for instance whether they are asking for some sort of redress or legal recognition. This aspect has not been covered in this briefing. However, according [to this study, led by the Faculty of Law, University of Oxford](#), there have been a number of no-fault compensation schemes in a number of countries, set up to provide redress.

The focus of the petition is on recognition that the vaccines caused injury and ensuring access to appropriate medical treatment. The current evidence, as outlined below, has identified a number of conditions that have been linked to the vaccines. However, in respect of access to medical treatment, a petition should not be required because if someone presents to a GP with a set of symptoms which may or may not be caused by the same underlying issue (or to having had a vaccination), then they should be treated and supported regardless. Treatment isn't necessarily based on, or connected to the cause of the symptoms, but on alleviating the symptoms and, if possible, treating the underlying cause if this can be identified. Of course, in the case of vaccine harm, the vaccine itself is the underlying cause. Further research is required to link any additional suspected symptoms to the vaccine, and for appropriate treatments to be identified.

Background

Vaccinations are a slightly peculiar form of medicine in that they are given to healthy people with the aim of preventing a specific disease. Their benefit is at a population level, but, as with all medicines, some individuals will suffer side effects which are sometimes serious and disabling.

It is not in the interests of population level public health, if, overall, the vaccines prevent more harm than they cause, to emphasise harms done or possible harms of vaccination. Governments and health authorities have to balance risks and harms according to the available evidence. As with all medicines, not all side effects of vaccines are known as a result of the clinical trials conducted, and can only be observed once its use is widespread.

It was clear from the start of the pandemic, that the virus itself was experienced very differently by different people – from being asymptomatic to requiring long-term ventilation, and, for some, death. People also respond differently to medicines, including vaccinations. In information leaflets this is expressed in frequency of different known side effects as a proportion. For example, if a side-effect is common, the information might say that 1 in 10 people experience this side effect, or, 1 in 10,000, if the side effect has not been so commonly experienced.

Because the aim of vaccination is to promote an effective immune response against future infection, there is no fixed, treatable underlying cause requiring medical treatment, and the ingredients of vaccinations cannot be removed from the body. There are warnings on information leaflets about allergies to the constituents of the vaccines, but there have been concerns expressed about the potential effects of the new technologies used in the COVID-19 vaccines and the speed of their introduction.

Vaccine Damage Payment Scheme

In recognition of potential vaccine harm, there is a [UK-wide Vaccine Damage Payment Scheme](#) (VDPS) that has operated for many years, covering most of the commonly administered vaccinations. The COVID-19 vaccine was added to the scheme in December 2020. It is not a compensation scheme and the payment is a one-off payment of £120,000. However, there is a high eligibility bar, both in terms of level of disability, which must be 'severe', (at least 60% disabled), and in terms of proof of causality. Two legal tests have to be met to qualify:

- “1. establishing, on the balance of probabilities, that the disablement was caused by vaccination covered by the Vaccine Damage Payment Scheme (VDPS);
2. the resulting disablement is severe disablement (60% or more)”

[Of the 2347 claims made between 1 January 2000 to June 2021, only 41 resulted in an award.](#)

[Up until 14 March 2024 10,655 claims involving COVID-19 vaccine have been received by the VDPS. Just under 170 people have been notified of an award, and the process takes approximately a year.](#)

Evidence of vaccine harm and surveillance and reporting system

Vaccines are classed and licenced as medicines on a UK wide basis by the [Medicines and Healthcare products Regulatory Agency \(MHRA\)](#), and, like all

medicines, their accompanying information has to provide details and likelihood of any side effects. The challenge with COVID-19 vaccines was that the technology was relatively novel for some of the vaccines and a faster testing route was used to ensure that vaccines were available while the risk from COVID-19 was still high. [The Wellcome Foundation published a blog on the difference between the usual process for testing and assessing vaccines and the process followed for the COVID-19 vaccine process](#). Once a medicine is licensed and available, then sometimes side-effects might emerge that did not appear during the clinical trials. While the process was faster, none of the steps to assure safety were missed out.

The [Medicines and Healthcare Products Regulatory Agency \(MHRA\) collated all its guidance and information on coronavirus](#) in one place, although this has not necessarily been comprehensively updated. This includes [information on vaccines and vaccine safety](#). Additionally, the Agency received a very large volume of yellow card reports throughout the pandemic relating to the vaccines.

The timing of reporting any symptoms following vaccination can also be problematic. The longer the interval, the harder it becomes to attribute any harms to the vaccination, rather than any other cause. But not all effects of medicines will be observed in the first 48 – 72 hours for example. [The National Institute for Health and Care Excellence provides information on adverse reactions to drugs](#), including newer drugs and vaccines, describing the process of reporting and how reporting is handled.

The safety information on the Covid-19 vaccines in use has been updated over time as reports of side-effects have been verified. The [main acknowledged rare side effects](#) of the mRNA vaccines appear to be myocarditis – inflammation of the heart muscle, and pericarditis – inflammation of the outer lining of the heart. [Other conditions include thrombotic thrombocytopenia syndrome, where blood clots form in different parts of the body, linked to the Vaxzevria vaccine, and neurological conditions, such as Guillain-Barre syndrome and Bell's Palsy](#). Other than this, most evidence to date appears to be inconclusive or only partial.

It is very difficult to find comprehensive and reliable evidence and research that details and defines COVID-19 vaccine injury, particularly in relation to ongoing issues (rather than immediate effects). In research terms, the introduction of the vaccines is still relatively recent, and a search of the internet, and the plethora of articles, some conflicting, some hypothesising, indicates that it is still a very 'live' area of research.

Yellow Card reporting on Coronavirus vaccines

Not all potential side-effects can be identified before any vaccine or medicine is licenced for use. Clinical trials tend to be carried out on cohorts of healthy people, so it is inevitable that some effects emerge after licencing. The UK licencing body, the [Medicines and Healthcare Products Regulatory Agency \(MHRA\)](#) has a system – the [Yellow Card Scheme](#) which acknowledges this, and allows clinicians and members of the public to register suspected side effects of any medicines or medical products and devices. The MHRA website explains what happens after someone has reported an issue:

“The Medicines and Healthcare products Regulatory Agency, the manufacturer or a medical specialist may investigate the problem depending on how serious it is. It’ll be recorded to help prevent similar incidents in future, even if it’s not investigated.”

Vaccines are also slightly unusual medicines in that they are given to healthy people in an effort to prevent disease and infection, rather than to treat a condition, so some may assume that cannot cause harm.

The MHRA published [summary reports of yellow card reporting following the introduction of the vaccines, and published its final one on 8 March 2023, following the Autumn 2022 booster programme.](#)

The MHRA’s view on side effects is that:

“All vaccines and medicines have some side effects. These side effects need to be continuously balanced against the expected benefits in preventing illness.”

The argument is that side effects are rare when compared with the effects of the disease itself. One compounding factor is potentially the rise in natural immunity over time once a novel disease is present, so it is difficult to fully ascertain the effects of the vaccine in an already partially immune population.

The MHRA have [compiled detailed reports on all of the vaccinations in use](#), and there were many thousands of yellow card submissions. They can be filtered via the individual vaccines, as well as by the symptoms or organs affected. [These can be viewed by going to the ‘Report profile’ tab](#) for each vaccine. The MHRA make it clear that a report of an effect does not necessarily equate to an association with the vaccine.

In [March 2023 the UK Government updated its summary of yellow card reporting on the Coronavirus vaccines.](#)

In the case of all medicines, including vaccinations, symptoms which might be experienced shortly after administering the dose might or might not be linked to the medicine, and might be coincidence. The yellow reporting system allows for all symptoms to be recorded, and allows the MHRA to monitor any trends. Researchers also have access to these reports and data.

It is only over time, and with reporting of symptoms and subsequent research, that a full range of any side effects become known, eventually allowing individuals to weigh up the balance of risk and benefit of any medicine for themselves.

Coronavirus vaccinations and prevention of harm and lives saved

Research and modelling have shown the impact vaccinations, along with other public health measures such as mask wearing and lock downs, had on slowing down the spread of COVID-19 and reducing hospitalisations and deaths. [Public Health Scotland published a news briefing](#) stating that a [World Health Organisation study](#) estimates that 22,138 lives in Scotland were saved by the COVID-19 vaccination programme.

Potential for symptoms linked to either Long COVID and/or vaccination

Another confounding factor in assessing harm and symptoms with a novel disease (or a novel vaccine) are the effects of the disease itself. A wide range of symptoms emerged when people caught COVID-19, affecting people for different lengths of time and to varying degrees, which have been labelled [long COVID](#). Most of these people will have also had the vaccines. Long term studies are still to be carried out, but [one study published in Nature in January 2024](#) that some long COVID symptoms could persist regardless of vaccination status. [Another cohort study published in the Lancet](#) found that vaccination reduced the risk of long COVID symptoms, and the cohort was significantly larger.

UK Parliament – Private Members’ Bill

A bill was introduced in 2022 – the [Covid-19 Vaccine Damage Payments Bill](#) to improve the support and financial assistance to people who suffer disablement from vaccines. It would set up a compensation scheme rather than a fixed payment scheme. It reached its second stage, so [was debated](#), but because the 2022-23 session of Parliament prorogued the Bill will make no further progress.

Anne Jepson

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18 April 2024

The purpose of this briefing is to provide a brief overview of issues raised by the petition. SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However, if you have any comments on any petition briefing you can email us at spice@parliament.scot

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

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Annexe C: Written submissions

Scottish Government submission of 19 March 2024

PE2086/A: Recognise the vaccine injured and offer appropriate treatment

As of 20 March 2024, almost 17 million COVID-19 vaccines have been administered in Scotland, as well as billions worldwide, helping to protect people from serious illness and saving countless lives.

However, it is important to acknowledge that COVID-19 vaccines are medicines and like all medicines they can have side effects and, on rare occasions, cause injury. Thankfully, most side effects are mild and short lived, but we acknowledge that some are not. The Scottish Government has great sympathy for anyone who has been injured as a result of receiving the COVID-19 vaccines. In many cases it may be difficult for a clinician to determine if an illness or condition is directly linked to vaccination, but this should not prevent them from treating the condition or symptoms their patient displays.

Concerns over the safety of vaccines are not taken lightly by the Scottish Government. The Medicines and Healthcare products Regulatory Agency (MHRA) is responsible for the authorisation of and safety monitoring of vaccines in the UK. The MHRA keep the safety of all vaccines under close and continual review and Ministers would take appropriate action if new evidence emerged which called into question the safety of any vaccines currently in use in Scotland.

Our NHS boards have responsibility for service delivery, patient treatment and managing complaints. It is not appropriate for Scottish Ministers or Scottish Government officials to intervene in an NHS board complaints handling procedure. If anyone is unhappy with an NHS board's final decision regarding a complaint, they can ask the independent Scottish Public Services Ombudsman (SPSO) to review their complaint.

As part of the pandemic we gave, and continue to give, recipients of the COVID-19 vaccines as much information on the potential side effects as possible. Information on the potential side effects is provided with each appointment letter, with prompts to access further detailed information via NHS Inform. Patients are given further materials at their appointments, including the manufacturer's 'Patient Information Leaflets'. Staff at clinics are also trained to answer any questions about side effects and each patient must give informed consent before receiving a vaccination.

As a core participant in the both the Scottish and UK COVID-19 Public Inquiries, we welcome the input and perspective that the Scottish Vaccine Injury Group (SVIG) will bring.

The upcoming Module 4 of the UK Public Inquiry on Vaccines and Therapeutics will consider vaccine safety and whether any reforms to the Vaccine Damage Payment Scheme are required. Please be assured that the Scottish Government is fully committed to supporting the Scottish and UK COVID-19 Public Inquiries in their

work to explore the handling of the pandemic and to identify the vital lessons we all need to learn. Learning lessons from the pandemic is vital to prepare for the future.

I hope you will understand that the Scottish Government cannot comment on Public Inquiries whilst they are ongoing, but we of course stand ready to carefully consider any evidence, recommendations and findings that are published by both.

Population Health Directorate

Petitioner submission of 25 March 2024

PE2086/B: Recognise the vaccine injured and offer appropriate treatment

Thank you to the Scottish Government for its response.

My petition seeks to address two specific things:

1. That vaccine injured individuals be recognised.
2. That the appropriate treatment be offered to the vaccine injured.

In the submission the Scottish Government make a half hearted attempt at the first part of the petition. However, this petition is not about how many individuals have been injured by the vaccine, it's simply to point out the fact they exist. I submitted the petition, as it is crystal clear that many Scottish people have been affected, and The Scottish Vaccine Injured Group is a testament to that. Hence, the second part of the petition; that treatment be offered to anyone suffering injury due to the vaccine.

The Scottish Government claims that it can be difficult to make the link between the conditions suffered and the vaccinations.

The injured people in question have actioned what was asked of them and have suffered ill health, or worse, as a consequence. They do not wish for sympathy, but merely to have their experiences heard, believed, and receive access to appropriate treatment. For this to occur, resources need to be available. Individuals with Long Covid were given time and a platform to be heard by the Covid Recovery Committee. This allowed Long Covid sufferers to discuss and inform others of their conditions, and gain information and resources allocated to aid them. My petition seeks the same time and platform for the vaccine injured to speak about their experiences.

As for the other remarks around vaccine safety, consent, and making complaints to the NHS, these are all pertinent issues for those who have been injured. However, in relation to this petition they are irrelevant. The vaccine injured exist, and they deserve the same respect and recognition as everyone else who has been affected by the pandemic. Recently, I submitted a FOI request to the Scottish Parliament asking if any discussion around individuals who have been injured by the COVID-19 vaccinations had even taken place in Parliament. To which I was informed that there was no information held, as these discussions have never occurred. I believe that the Scottish Parliament exists for all of its citizens to be heard and therefore I will persist with this matter.

I hope the Scottish Government will continue to engage with this petition, and take the time to meet with the Vaccine Injured Group and hear their experiences, as this could be easily arranged. This is a genuine offer for something good to come from political engagement with Parliament and I believe this could be a very helpful first step.

Petitioner submission of 13 May 2024

PE2086/C: Recognise the vaccine injured and offer appropriate treatment

In 2020-2023 Scotland found itself in unprecedented times and its leaders were forced to make some difficult decisions with the information they had available to them at the time. Unfortunately, members of our group are now suffering life debilitating effects or have lost loved ones following the emergency rollout of covid-19 vaccines and new evidence is emerging every day concerning conditions caused by them. World leading doctors, such as David Putrino from Mount Sinai¹ recognise a condition now often referred to as 'Long-Vax' or vaccine induced long-covid. Germany has allocated considerable funds for research into vaccine injury as well as long-covid and to instigate "Interdisciplinary and cross-sector care pathways" to facilitate better care².

We are asking for an opportunity to discuss specific needs we have identified as novel to our situation which will be further complicated by delays. Including:

Research.

How to measure spike protein levels? Spike protein is toxic to humans. Research has shown that it can cross the blood brain barrier^{3,4} A correlation has been found between spike protein levels and myocarditis⁵ and neurological issues.

We don't know how long spike protein persists in the blood-stream. An Italian research study found it circulating in the blood 6 months after vaccination⁶ – funding ran out at 6 months.

¹ Krumholz HM, Wu Y, Sawano M, Shah R, Zhou T, Arun AS, Khosla P, Kaleem S, Vashist A, Bhattacharjee B, Ding Q, Lu Y, Caraballo C, Warner F, Huang C, Herrin J, Putrino D, Hertz D, Dressen B, Iwasaki A. Post-Vaccination Syndrome: A Descriptive Analysis of Reported Symptoms and Patient Experiences After Covid-19 Immunization. medRxiv [Preprint]. 2023 Nov 10:2023.11.09.23298266. doi: 10.1101/2023.11.09.23298266. PMID: 37986769; PMCID: PMC10659483.

² German Ministry of Health, "Long COVID and the post- COVID syndrome as long-term consequences of COVID -19 currently represent major health and social challenges " Section 2.1 <https://www.bundesgesundheitsministerium.de/ministerium/ressortforschung/handlungsfelder/forschungsschwerpunkte/long-/post-covid>

³ Rhea, E.M., Logsdon, A.F., Hansen, K.M. *et al.* The S1 protein of SARS-CoV-2 crosses the blood-brain barrier in mice. *Nat Neurosci* **24**, 368–378 (2021). <https://doi.org/10.1038/s41593-020-00771-8>

⁴ Accessed online at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8536479/>

⁵ Circulating Spike Protein Detected in Post-COVID-19 mRNA Vaccine Myocarditis.

<https://pubmed.ncbi.nlm.nih.gov/36597886/>

⁶ <https://pubmed.ncbi.nlm.nih.gov/36597886/>.

Microclotting. There is significant evidence of microclotting as well as fibrous clotting in the vaccine injured⁷. Group members who have travelled abroad for treatment have discovered they had microclotting issues which had previously gone undetected.

Diagnosis and treatment for mast cell activation syndrome (MCAS). MCAS is commonly experienced by vaccine injured as well as long-covid sufferers. It involves “neuropsychiatric disorders, including various types of dysautonomia, neuropathy (including small fiber neuropathy), myalgia, migraine, headache, cognitive dysfunction, restless legs syndrome, sleep disturbance, non-pulsatile tinnitus, depression, generalized anxiety, and panic attacks” and includes “symptoms and syndromes across various domains including constitutional, dermatologic, ophthalmologic, otologic, oropharyngeal, lymphatic, pulmonary, cardiovascular, gastrointestinal, genitourinary, musculoskeletal, neurologic, psychiatric, metabolic, hematologic, and immunologic systems. Patients with unrecognized, undiagnosed MCAS will often see multiple specialists and ultimately stop reporting symptoms owing to poor experiences with the medical system”⁸. This condition is very rarely diagnosed on the NHS. At present, group members see individual specialists who try to treat the symptoms without understanding the underlying cause, potentially leading to more harm because sufferers of this condition can be dangerously reactive to chemicals and medications. There are NO MCAS specialists in NHS Scotland although some Long Covid clinics recognise it. Left untreated it can lead to health complications including diabetes and cancer⁹.

We need more education for medics regarding Postural Orthostatic Tachycardia Syndrome and dysautonomia.

An openness within the medical community to discuss the possibility of vaccine injury with patients. Considering the speed and extent of the vaccines roll out, it seems logical to expect there to be adverse reactions. Group members often find they are stonewalled if they mention the vaccine. Often doctors are willing to discuss the possibility then don't write anything about it in their notes. This makes it impossible to apply for the vaccine damage payment scheme.

We need recognition amongst frontline medical staff (GPs, emergency doctors, consultants) of how vaccine injury can present and how it can be treated.

NICE guidelines or SNOMED code should be put in place for diagnosis and treatment.

Specialist clinics or multi-disciplinary teams. Many of us have complex conditions and have to attend multiple appointments with different consultants. It would be

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8380922/> & medRxiv 2021.03.05.21252960; doi: <https://doi.org/10.1101/2021.03.05.21252960>

⁸ <https://doi.org/10.3390/jpm13111562>

⁹ Molderings GJ, Zienkiewicz T, Homann J, Menzen M, Afrin LB. Risk of solid cancer in patients with mast cell activation syndrome: Results from Germany and USA. *F1000Res*. 2017 Oct 26;6:1889. doi: 10.12688/f1000research.12730.1. PMID: 29225779; PMCID: PMC5710302.

much simpler to have dedicated units for vaccine injury and long-covid – as the German government are exploring the possibility of implementing.

Where vaccination was required for work, employers should treat vaccine injury as a work-place injury

Financial support for accessing treatments that often help to alleviate our symptoms, for example, Hyperbaric Oxygen Therapy, Infrared/Near Red Light Therapy, PEMF (pulse electromagnetic field therapy) amongst others.

Financial support for private medical care where the NHS cannot provide timely treatment or specialist services is required.

Reimbursement should be given for private treatment already paid for.

We need psychological support to deal with chronic illness and trauma. We, as lay people, are dealing with suicide threats within our support group when we ourselves are dealing with trauma and grief.

Due to NHS targets for waiting times not being met, most of us are left with no alternative but to seek private testing and subsequent private medical care and very few of us are making a full recovery.

In other nations, tests and treatments are routinely available that our members have not been offered. For example to test cytokines, nerve conduction tests, autoimmune panels, CT scans, MRIs, IVIG treatment or tests to measure spike protein levels.

When we ask for help we are often told the vaccines have saved thousands of lives and to report our reaction to the Yellow Card Scheme. Neither of these help us.