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Dear reader,

The European Forum for Vaccine Vigilance is an organization that has members in 25 countries and advocates for freedom of choice in vaccination. In previous years when freedom of choice was still considered a landmark between authoritarian and totalitarian regimes and most countries in Western Europe had no vaccine obligations, our attention was focused on vaccine safety issues and their communication. But the world is now in a new situation, in which a global agenda of mandatory vaccination is being implemented at a very fast pace.

Breaching the fundamental rights guaranteed by the Constitutions of many countries, the principle of mandatory vaccination is being forced upon populations, supported by the arguments of national security threats as defined in the ‘Global Health Security Agenda’. Whether it is by means of national laws, the removal of exemptions or through general recommendations incorporated in public sectors and private policies, mandatory vaccination could soon become a permanent reality for everyone everywhere. This is a clear violation of the integrity of our body with far reaching consequences. By limiting access to education, employment, health care, transport or even public spaces and social networks, compulsory vaccination becomes an instrument of discrimination and abusive control, dismantling our democracies right under our eyes.

One might wonder if today’s legislators truly consider the extent and the consequences of their votes, because the current international and European recommendations, and the new bills introduced at national level are propelling us at a high speed towards an Orwellian society. Millions of people on this planet gave their lives to conquer freedom. Can it be abandoned because of ‘measles’?

In this newsletter, we intend to provide some update on current events together with arguments that support an open discussion, but we also wish to share meaningful projects, collaborations and ways to act. The best whistleblowers, lawyers and activists will not be sufficient to stop this blind race. If we want to keep our natural rights alive, it is up to each one of us, not only to participate in their efforts, but also to use their work and act resolutely.

The EFVV team wishes you a happy new year. May it bring you health, freedom and justice.
The Global Vaccine Agenda

- Mandatory vaccination planned by the Global Health Security Agenda

Weeks after a whistleblower from the CDC admitted fraud on the MMR/autism safety study, the first meeting of the Global Health Security Agenda took place at the Whitehouse. The logic of emergency threats associated with dangerous epidemics such as smallpox would now apply to measles, in order to craft new legislations that would overcome constitutional barriers and start mass vaccination worldwide. Under the leadership of the departments of Health and Defense of the USA and the World Health Organization, 38 countries (now 67) agreed to implement this program starting with measles vaccination.

The return of measles epidemics’ campaign was launched. In the US, the Disneyland epidemic led to the vote of SB277 in California, while Italy was chosen to lead the operation in Europe.

Five years later, Italy has 10 mandatory vaccines and France went from 3 to 11. Obligatory measles vaccination also passed in Germany in spite of the negative advise from the ethics committee, as well as a strong opposition of doctors associations, free choice movements and protests organized by citizens. The UK will probably be next, as most other countries that still have free choice legislations.

- Individual surveillance with digital vaccination passports for EU citizens

Digital vaccination passports linked to our ID or perhaps phones are a priority on the European agenda and should be ready by 2022, this project is under the leadership of INSERM in France, together with the harmonization of a common vaccine schedule.

The European Centre for Diseases Control is then meant to centralize all our data and link it to other systems, sending reminders for vaccination appointments, and identify unvaccinated people. Vaccine records would be checked at every administrative step. (This is already happening in Argentina, where one can be asked to show vaccination status even when coming for a driver’s license).

You can see more details of the European roadmap here.

- Vaccines for everyone, everywhere and lifelong vaccination

The recommendation of the European Council of 7 December 2018 clearly defines a program of lifelong vaccination and ‘vaccines for everyone, everywhere’ was one of the main themes of the Global Vaccine Summit that was held at the EU commission on the 12 of September.

Next to the pediatric vaccines for young children, several countries plan to introduce compulsory vaccination against Human Papilloma Virus (HPV) for the adolescent population, while flu vaccines, and ‘pandemic’ vaccines will target adults. Vaccination status is already limiting access to employment, education and travel.
**Top Herd Immunity Debunkers**

Two of the world’s leading scientists in vaccinology and infectious diseases are revealing the measles vaccines’ inability to protect against the current measles epidemics.

- **‘Vaccine pope’ Stanley Plotkin admits the measles vaccine is not efficient.**

More and more vaccinated people develop measles. It is estimated that in Disneyland epidemic almost 90% of the cases were vaccinated. A study showed 38% of those had not been infected by wild measles but by the vaccine virus. Last November, Stanley Plotkin, the author of ‘Vaccines’, the vaccine bible, published a comment on recent epidemics titled "Is There A Correlate of Protection for Measles Vaccines?".

Plotkin raises three main aspects of vaccine failure to explain why the current epidemics also strike the vaccinated.

1. The amount of antibodies induced by vaccination is not sufficient to block the transmission of the virus (vaccinated people can spread the disease)

2. Vaccine antibodies are waning over time.

3. Wild viruses of the current epidemics are new strains such as B3, D8 and H1, while the vaccine uses the A strain and cannot offer decent protection.

- **French prof. Didier Raoult warned the scientific community 2 years ago**

Already 2 years ago, one of France’s most famous scientist in the area of infectious diseases published a paper in the Lancet titled ‘Measles: Is A New Vaccine Approach Needed?’. 

Raoult felt that the current approach of mass vaccination was useless to respond to the current epidemics and that the consequences of emerging new viral strains such as B3 were ‘unknown’. In a video about measles he had posted and later withdrew, Raoult had also stressed the fact that countries such as China and Mongolia, where vaccination rates are around 99%, are still facing recurring epidemics and that vaccinating with a 3rd dose would not be the answer.

**Nearly half of vaccinated schoolchildren can become infected with measles**

The American doctors’ association Physicians for Informed Consent applied new findings of waning vaccine immunity to a school model where 100% would be vaccinated. Half of the children can be infected by measles.

Nearly half of vaccinated schoolchildren can become infected with measles and spread it to others

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Source: [Waning Immunity and the MMR Vaccine](https://www.efvv.org/

More on herd immunity: ‘Herd Immunity: Can Mass Vaccination Achieve It?’ from Immunologist Dr. Tetyana Obukhanych for a more detailed explanation.

Watch: Suzanne Humphries ‘Herd Immunity: Explain by Dr. Suzanne Humphries’ April 11th 2019, on the Adverse Reactions Channel.
The WHO Vaccine Safety Summit and Guidelines

On the 2d and 3d of December 2019, the WHO held a 2-day Vaccine Safety Summit.

The first day was a meeting around the Global Vaccine Safety Blueprint 2.0, a document with the new guidelines for vaccine safety. Compared to 1.0 the previous set of guidelines, Blueprint 2.0 introduces vaccine hesitancy and communication strategies about adverse events as a new part of vaccine safety policies. But many experts in the audience expressed that before making this a priority there were other crucial issues that needed to be addressed first.

Repeated complaints were made about the lack of transparency, the need to perform proper surveillance, to implement safety evaluation or the necessity, when adding a vaccine to a national schedule, to grant scientists and health agencies access to full data. Surprisingly a Brazilian delegate even complained about the difficulty of receiving safety documentation when using vaccines that are pre-qualified by the WHO. Others added that they had huge difficulties getting information from the manufacturers. Many also insisted on the need to have independent experts in pre-licensure studies or in the causality assessment of adverse events.

However, the chair of the SAGE committee disagreed, saying that this would be ‘redundant’ with existing expert groups. And when Blueprint 2.0 drafting team member Lee Hampton who represents the GAVI alliance (a direct partnership with the pharmaceutical industry) further commented that independent expert teams ‘would be too complicated’, it was obvious that transparency would still need serious advocacy before becoming a reality.

The second day had various presentations about current vaccine safety issues. Dr. Laura Conklin, from the CDC, celebrated accomplishments in 20 years of investigating vaccine safety. According to her questions pertaining to mercury, aluminum, autism and ‘non specified events’ (a category that can include positive or negative effects, death for example) have been answered by an impressive amount of high quality studies and reviews and ‘no further studies are warranted’ (A video with her presentation and slides is online here, along with a position paper with co-authors D. Orenstein, A. HviId, A. Pollard and P. Zuber).

In contrast to these delightful conclusions and reassuring statements, the panel discussions, after the presentation of novel vaccine safety issues by prof. Daniel Salmon, were highly instructive.

The Dengvaxia crisis: accountability for safety issues and health policies

The presentation of the Dengvaxia vaccine crisis by Dr. Kenneth Hartigan Go, who was undersecretary of the Department of Health of the Philippines during the dengue epidemic, highlighted the issue of accountability of health policy leaders. He started by explaining that they were now 31 people facing criminal charges, further detailing the difficulty for health officials in assessing the situation and making appropriate decisions.

The vaccine had first been introduced in the middle of a massive dengue epidemic with many fatalities. But it soon appeared that the vaccine increased the incidence of the disease and aggravated previously infected cases. When the manufacturer Sanofi issued a warning on the safety and efficacy of the vaccine, it was withdrawn from the market and the situation became chaotic: “Some health professionals distorted the dangers of the vaccines, while scientists said that Sanofi purposely hid safety data.”

On top of it, clinical experts in the field who were knowledgeable were afraid to speak up. The media reported those deaths and the families then accused the government of using public health policies to experiment on their children with an imperfect product. Such an argument could not be countered by public officials, but other elements had also been put in the balance, such as the difficulty to make a real risk comparison between the vaccinated and the unvaccinated during the epidemic. Coming back to the court cases, Dr. Hartigan Go pointed that not only health officials and industrials had been charged with multiple homicides, but also people involved with the drug approval and clinical trials. Ending his account of a ‘perfect storm’, Dr. Hartigan Go reflected on the fact that, beyond general guidelines, individual accountability of national policy makers remains. ‘And it sends the chilling message that you’re on your own’...
This a perfect example of everything that can go wrong with mandating vaccines that are ‘unavoidably unsafe’ and it should be taken as another demonstration of the importance of informed consent.

- **Pandemrix narcolepsy in Finland: high risk populations, silent scientists**

  Dr. Hanna Nohynek, head of the Finnish pharmacovigilance, started by explaining that the national passive surveillance system had missed the first signals of narcolepsy following Pandemrix immunization, partly because this is a rare disease. But after Sweden shared their reports and Finnish cases were diagnosed, the program was stopped in order to protect the population and conduct a proper investigation with the help of international expertise.

  Unfortunately, the collaboration with the EMA and the European CDC considerably slowed the process, so that the Finnish pharmacovigilance finally designed its own cohort study. Unfortunately, it took time to share the news with the rest of the scientific community, as the *New England Journal of Medicine*, the *BJM* and the *Lancet* all refused to publish the study answering ‘they had no interest’ in doing so. Although the mechanism leading to narcolepsy could not be explained, the study revealed a genetic factor associated with an HLA type that is typical of Nordic countries. The absolute risk for the Finnish population was finally estimated to be 1 in 16000 cases, while it is around 1 in a million in other European and American populations.

  This example is a new warning against ‘fast tracking approval’ and the ‘one-size fits all’ mass vaccination. The fact that genetic susceptibility not only plays a role for individuals, but also can have an impact at population level, remains completely overlooked. It should however be taken very seriously by national recommendation committees. Once again, this pleads for transparency and informed consent.

- **Could live virus vaccine aggravate already infected individuals when administered during epidemics?**

  During the discussions on the Pandemrix situation, Prof. Paul-Henri Lambert of the University of Geneva and former chair of the GACVS (WHO’s surveillance committee) made an interesting remark. He underlined the fact that many narcolepsy cases were also seen in China and Taiwan, but that they had been reported in association with the disease rather than the vaccine, so that the role of the virus should also be investigated. He then wondered if the vaccine could not ‘enhance the potential of the virus’ when it is administered to a population that is already infected. According to him, this was the case in Scandinavia where serology had shown that half of the children had developed a mild or asymptomatic flu before receiving the vaccine. Lambert then pleaded for more research on the use of live vaccines administered during an epidemic.

  This is indeed of crucial importance. Although he did not mention further examples, one can wonder if a similar mechanism could in part explain what happened with the Dengvaxia vaccine... And what about measles vaccination during an epidemic? Could the same phenomenon of ‘virus potentialization’ partly explain high deathrate in the Ukraine or in Samoa?

- **Vaccine hesitancy – the WHO changes its communication strategy**

  In the closing lecture ‘Vaccine safety and new modes of trust building’ Prof. Heidi Larson, director of the Vaccine Confidence Project, gave a brilliant demonstration of how to practice the prestigious art of ‘relabeling’.

  In order to fight vaccine hesitancy WHO officially declared it last year as one of the biggest threats to human health. This pushed a wave of censorship to ban vaccine criticism from social networks, as well an unprecedented bashing in mainstream media. But is it really a surprise if those draconian measures have failed to increase confidence in vaccines? Acceptance rates keep decreasing at a fast pace and many frontline healthcare providers are now also questioning their safety and efficacy.

  A recent study showed that people questioning vaccines were 5 times more likely to join ‘anti-vaccine groups’ than ‘pro-vaccine’ groups. According to prof. Larson the success of this antivaccine movements could only be explained by the fact that ‘They appeal to the emotional aspects of the issue... They tell the mothers what they want to hear... they tell them: we listen to you, we care about you’. (Nothing to do with failure to provide solid safety science?).

  So, it finally appears that empathy, listening and human conversation are the most powerful way to build trust. And an additional layer of ‘trust building’ has been added to the vaccine communication strategy in order to compensate for the incriminating messages sent to people who dare ask questions: ‘We need to stop using hostile
language and terms as ‘anti-vaccines’. We should start engaging the conversation... as 'crazy, stupid or ignorant' the questions might seem to be’.

This is truly inspiring. Last year, Larson was indeed supporting Adam Schilt’s views, the promoter of censorship policies on social media, for whom anti-vaccine groups are ‘in the league of hate crime’ so, from ‘criminal’ to ‘stupid’, can we perceive the efforts made to start an open conversation? Or is it because, after all, censorship is neither popular or practical? As Larson rightly puts it: ‘It’s difficult to fight disinformation because many of the facts are true’.

No doubt that censorship will still apply, but with other methods. An alternative is then to agree on the facts but distort the perception of what they truly are, relabel them.

Larson first mentioned a few vaccine crises, such as the defective vaccines relabeled and sold in China, the fake vaccines in Indonesia, or the Dengvaxia crisis in the Philippines and then lamented that people lost trust not only in the product, but also in the manufacturing process and in the 'systems delivering the vaccines'. Interestingly, she then compared the way the Dengvaxia crisis was handled in the Philippines and in Brazil, implying that authorities obviously reacted better there. In Brazil, ‘the vaccine was immediately relabeled’ and ‘there was more training with health workers’.

Really! What an ambiguous message! Relabeling a vaccine that is withdrawn for lack of safety and efficacy, is the right thing to do because it ‘protects the program’ (Feeling of déjà vu with MMR?). We can assume that this is ‘transparency’ at its best, all for the greater good.

• When the adverse event is not about the vaccine, but the ‘vaccination experience’

There are obviously no limits to imagination when it comes to the protection of vaccination programs.

In a desperate attempt to deal with the testimonials of thousands of adolescents who reported being injured by the HPV vaccine (some of whom are filing legal actions), psychiatrists have been asked to describe a new disease now labeled as ISSR or ‘Immunization Stress-Related Response’. Those injuries are in reality ‘psychosomatic reactions to the vaccine experience’.

Larsen admits: ‘these are real symptoms, this is real pain, they may not have been caused by the contents of the vaccines, they may be more attributable to the vaccine experience, but it affects the confidence in the sys-

term...the governments don’t know how to deal with it’ and ‘it gets more complicated when court cases are coming’.

How convenient to have a new disease and a new category in the adverse events surveillance system, that will remove liability from the manufacturers and leave the burden on the injured person. Does a sane person really believe that a girl could be permanently disabled and land in a wheelchair, only because she fears vaccination after watching the internet?

Furthermore, if this grave new illness really exists, it bears real consequences for all the people who are afraid of a bad vaccine experience: they should simply not be vaccinated. They are at serious risk of injury and deserve to receive a medical exemption. And, in any case, everyone should be informed about the emotional risks of the vaccination experience’ and its potential physical consequences, before giving an informed consent.

The paintui presentation of Prof. Heidi Larson certainly hasn’t convinced anyone but the pharmaceutical industry. No wonder. The Vaccine Confidence Project research team has received funding from a range of organizations including vaccine manufacturers GlaxoSmithKline, Merck, the Bill & Melinda Gates Foundation, the Wellcome Trust, J&J, Innovative Medicines Initiative and others.

It should be noted that, during those 2 days on vaccine safety, there hasn’t been any attempt to get answers from the manufacturers. They were absent from all discussions. They were in the room, but invisible.

A draft presentation of how the Immunization Stress Related Response could be integrated in the new AEFI reporting system can be found here. We also recommend that you watch the videos of the Vaccine Safety Summit online here, including the panel discussions. Complete videos of the 2 days with panelists and comments from the floor should be available for the next 2 months.
**World News**

- **Measles deaths in Samoa...what happened?**

  Already 72 children died in the recent Samoa measles epidemics that hit more than 5000 people. This is the deadliest measles epidemics in decades.

  Some blame anti-vaxxers, others blame a mass vaccination campaign that could have led to a silent transmission of the virus. In order to understand the measles tragedy in Samoa, one needs to look at the different factors that can contribute to the situation, for example different viral strains, issues in the administrating of first-line treatment, as well as contextual elements. The situation is complex, and one should not jump to rapid conclusions. Children’s Health Defense has introduced an official request for information to clarify the real causes of this tragic event.

  Here are a few things to read or watch:
  - [The real crisis in Samoa](#) gives an interesting timeline
  - [Vitamin A Shipped to Samoa](#)
  - [Crisis in Samoa on the HighWire show](#)

  The only thing we know for sure is that many infants died. Unfortunately, it seems that the mortality due to measles in young children and babies is rising everywhere and this is a predictable consequence of the imperfect protection induced by the measles vaccination.

  Before vaccination, babies were protected until almost 18 months by the high level of antibodies their mothers acquired after natural measles infection, that were passed on to them in utero or through breast milk. But babies of vaccinated mothers cannot benefit from the same level of protection and are now much more vulnerable.

  European data confirming this trend of higher mortality in infants in all countries where measles is endemic can be found [here](#).

  As some would have predicted this devastating epidemic finally led the Samoan government [vote a draconian vaccination bill](#), named ‘The law of Love’.

  From January on, parents of unvaccinated children will have to pay a fine up to 10,000$. And the same applies for schools who would accept them.

- **Israel, vaccine scandal & conference**

  The first [International Conference on Informed Consent](#) was held in Tel Aviv on Nov. the 21st.

  It was a true success in spite of massive efforts from the vaccine lobby to cancel the event. It comes after a huge scandal around the Scibvax, a hepatitis B vaccine that was licensed without approval of any International drug agency and almost no phase 3 clinical trials.

  According to [Ynet News](#), this vaccine, with an exceptionally high aluminum ratio, was administered to 402,000 babies between 2012 and 2015 without their parents proper consent. After many injuries were reported, it was recalled for reasons of wrong labeling and defective vials, and never reintroduced on the market. A family of 2 children who suffered severe neurological consequences filed a lawsuit against the manufacturer. Hundreds of parents also joined in a class action against the company and government officials for lack of transparency and information and the fraudulent way in which the manufacturer had presented pre-licensing data.

  Watch [Del Bigtree’s HighWire Talk in Israel](#)

- **France: the cost of vaccination**

  - **France, HPV mandatory vaccination could bankrupt the healthcare system**

    France has just added the Gardasil vaccine to the recommended schedule for boys and girls. According to an analysis by oncologist and epidemiologist Gérard Delepîne [here](#), the estimated cost of this vaccine will go through the roof, while hospitals and the health care system are collapsing.

    His estimate is based on the official price of the HPV vaccine, as well as the cost of the vaccination visit or act. According to the vaccination plan (2 or 3 doses depending on age) the price per person varies between 324 and 486 euros. Considering the several age groups meant to be vaccinated in the initial phase (first two years) of

    | Group | Cost |
    |-------|------|
    | 1     | 324  |
    | 2     | 486  |

    the estimated minimal cost would amount 3 billion euros, while an agonizing health care sector gets 10 times less...
the campaign, the estimated minimal cost would amount to 3 billion euros, while an agonizing health care sector gets 10 times less. Hospitals are overcrowded, there is no money to hire more nurses and doctors, even for emergency services and public retirement homes. France has no need for this vaccine as its rate of invasive cervical cancer (the deadly one) has been constantly decreasing due to efficient prevention with pap smear tests. Furthermore, the efficacy of the vaccine seems to be negative as invasive cervical cancer rates are going up in most countries where mass vaccination was implemented (USA, Sweden, Australia, the UK all show a higher incidence starting 4 years after the beginning of the campaigns).

**Slovakia, victory for freedom of choice!**

Slovakia’s children will be able to attend pre-school and kindergarten regardless of their vaccination status. On December 5th, the bill for mandatory vaccination was repealed by a solid majority at the Slovak Parliament.

Parents and associations did a great job with petitions and a successful lobby of government officials and elected members.

Slovakia is a country of 5.4 million inhabitants, with borders to Poland and Ukraine, 2 countries where the vaccine issue is highly controversial. Next elections, in February, might bring new attempts to introduce mandatory vaccination.

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**Great Talks**

**Science**

- Suzanne Humphries, *Herd Immunity Explained by Dr. Suzanne Humphries*, April 11th 2019, on the Adverse Reactions Channel


- Chris Exley, *Systemic Toxicity of Aluminium Adjuvants*, Keele University, 24 Jan. 2019 (for scientists)

- Christine Benn, *Non Specific Effects (= deaths cases) after DTP vaccination*, Vaxism

- Toni Bark, *Public hearing on measles vaccination for hb1638*, Vaxism

**Inspirational**

- Dr. Kris Gaublommes, interviews Del Bigtree in 2019 Tel Aviv ‘Stand Up for Your Rights, Now is the Time’ Conference

- RFK Jr., *Mic Dropping Speech Marks Birth of Civil Rights Movement Vis-à-Vis the Rise of A Medical Police State*, September 10, GreenMedInfo

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Hypatie, *‘L’Alu total : dangers de l’aluminium dans les vaccins’ (Total Aluminium, the dangers of aluminium in vaccines*)* English and Italian subtitles (translators), Hypathie. Aluminium Science explained with humor, great for families.
EFVV Activities

In 2018, EFVV relocated from France to Luxemburg with new statutes, also welcoming new members from several countries.

After last years’ success of the open letter to the WHO on the safety and quality the vaccines - a letter that was signed by 120 associations around the world and translated in 13 languages - it became clear that quality was a major issue to work on at a European level. Marketing authorizations and quality testing of vaccines are mostly done under the authority of the EMA, and licensing authorization obtained in one country can be used in another.

EFVV then decided to start a collaboration on a project initiated by an Italian association to perform independent vaccines quality testing. The project has technical, legal and financial challenges and requires a lot of resources, but the results will benefit all countries. This project is meant to be a powerful tool to gain more transparency and create an impact on regulatory work, as well as on accountability within health authorities.

EFVV members further helped each other in advocacy work, sharing strategies, key information or giving presentations (for example for the hearings organized by Stop Nop before the Health Commission of the Polish Parliament).

During ‘Light a Candle,’ the vaccine injury week that is organized in June, EFVV joined the International Revolution for Choice Movement for the different marches against mandatory vaccination held around the globe. There was a great collaboration to organize a series of different events regarding media fake news and the censorship of vaccine damages. It was also the opportunity to circulate petitions and share information with a wider public.

EFVV also published several documents that can be used in lobby work at national and European levels. For example, ‘Pathways to vaccine injury’ is a comprehensive document on the mechanisms of vaccine injury, while the one page ‘opinion against mandates’ summarizes key talking points in order to open the discussion.

Members joined forces at different protests for freedom of choice, especially in Italy and Germany. After the September rally in Berlin a mailing campaign was done to all representatives of the German Bundestag before they took their vote on the introduction of mandatory vaccination for measles.

EFVV now also has contact with organizations in the USA or in Eastern countries and is excited to initiate new collaborations in the coming year.

Join Us

- As a member association
- As an active member

We welcome people with all kind of talents, ideas and a positive team spirit who are willing to invest their enthusiasm and energy in this fight for freedom:

- Subscribe to our newsletter
- Sign our Petition (14 European languages): Respect, Promote and Protect Freedom of Informed Consent Throughout Europe.

Take the time to read it and learn about your Human Rights.

Donations

Please help EFVV to do more. EFVV relies on volunteers who are all involved in their national associations.

To be able to reply to a European and global agenda driven by the world’s biggest lobby is an immense task. We need your support to a network that will enable us to benefit from each other’s experience. Our organization is connected with experts, activists, scientists or lawyers from many countries in Europe. Within our member associations, we see great projects that deserve to be implemented at a larger scale. Collecting and sharing mutual information on licensed vaccine science is crucial.

You can donate via

- Paypal using this link.
- Bank transfer: EFVV (European Forum for Vaccine Vigilance), BGL BNP PARIBAS Bank in Luxemburg Account Nb: 30-556692-43 BAN: LU24 0030 5566 9243 0000 ; BIC: BGLLULL

For every donation a receipt will be issued. Tax deduction will depend your national fiscal legislation.