

Mar 30. 2026

Dear Toronto Board of Health Members,

Re: HL31.1 2025: A Year-in-Review of Toronto Public Health

The TPH 2025 Year in Review Snapshot says in 2025:

“Immunization

- 75 community clinics for students
- 56 respiratory disease vaccine clinics for vulnerable populations”

It is not specified, but I believe TPH continued to vaccinate people with the COVID-19 mRNA vaccines in 2025, something which I think is significant to include in the 2025 Year in Review.

On the TPH website <https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/respiratory-viruses/covid-19/covid-19-vaccines/> (Mar. 29, 2026) it says:

COVID-19 and flu vaccines are available now for everyone six months of age and older at primary care offices and participating pharmacies. Toronto Public Health is hosting community clinics for young children (six months to four years old) by appointment.

And TPH recommends the vaccine to Torontonians as follows:

Some should get both the fall 2025 & spring 2026 vaccines:

- Adults 80+
- Adults in long-term care
- immunocompromised
- indigenous & their family members 55+ (this is beyond NACI recommendations)

Some should get the fall 2025 & may get spring 2026 vaccines:

- Adults 65-79

Some should just get fall 2025 vaccines:

- Long-term care 17y & younger
- Those with underlying medical conditions
- Pregnant individuals
- Indigenous people 54 & under
- Members of underserved communities
- Health care workers & care providers

And some should just get one per year

- Children 6 months to 4 years of age (this is beyond NACI recommendations)

It is very surprising that the vaccine is recommended to children 6 mo to 4 yrs of age because the National Advisory Committee on Immunization (NACI), which Toronto Public Health follows does not strongly recommend it for children 6 months to 4 years or most younger than 65 and healthy. They give a discretionary recommendation for these groups, which is not a recommendation at all; It is a MAY not a SHOULD (see NACI definitions below)

<https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-guidance-covid-19-vaccines-2025-summer-2026.html#t1>

Table 1. Strength of NACI recommendations

Strength of NACI recommendation	Strong	Discretionary
Wording	" should /should not be offered"	" may /may not be offered"
Rationale	Known/anticipated advantages outweigh known/anticipated disadvantages ("should"), or Known/Anticipated disadvantages outweigh known/anticipated advantages ("should not")	Known/anticipated advantages are closely balanced with known/anticipated disadvantages, or uncertainty in the evidence of advantages and disadvantages exists
Implication	A strong recommendation applies to most populations/individuals and should be followed unless a clear and compelling rationale for an alternative approach is present.	A discretionary recommendation may be considered for some populations/individuals in some circumstances. Alternative approaches may be reasonable.

This is all very concerning because evidence continues to mount questioning the quality, efficacy and safety of the COVID-19 mRNA vaccines. A Canadian Open Letter (attached) was issued by over 80 researchers and professionals in Mar 2025 calling for an immediate stop to the COVID-19 mRNA products based on 5 emerging concerns. www.call2halt19.ca

In other countries, they are not recommending it to the young & healthy (e.g., Sweden, Japan).

Sweden:

<https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/covid-19/recommendations-for-covid-19-vaccination/>

Recommendations for COVID-19 vaccination effective from September 1, 2025:

One yearly dose of COVID-19 vaccine, preferably administered during autumn, to

- All individuals aged 75 years and above
- All individuals aged 18 years and above with immunosuppression.
- Individuals aged 50-74 with at least one of the listed underlying conditions
- Individuals who have advanced illness or conditions that impair their health in a way that puts them at risk of severe COVID-19, may be prescribed vaccination by their doctor.

Japan:

<https://mainichi.jp/english/articles/20240319/p2a/00m/0li/001000c>

Starting in April 2024:

- 65y+ individuals and those 60 to 64y with pre-existing condition can get a subsidized vaccine (person pays ~\$50, gov't ~\$50)
- Anyone younger has to pay the full ~\$100

In closing, I would like the extent of COVID vaccination to be documented in the Year in Review 2025, and that also all the COVID-19 mRNA vaccine recommendations be reviewed considering the concerns raised in the attached Open Letter. In particular the recommendation to vaccinate infants should be immediately corrected.

Thank you.

Mariko Uda, Toronto Resident

March 31, 2025

Dear Government Representatives and Health Officials:

Canadian Open Letter of Concern Regarding COVID-19 mRNA Vaccines

As qualified Canadian and international researchers and professionals, we are extremely concerned as evidence questioning the quality, efficacy and safety of the COVID-19 mRNA (more precisely, modified mRNA or modRNA) vaccines continues to mount.

Given the accumulating evidence of concern, on behalf of the Canadian public, we call on you, our government representatives and public health officials, for:

- **An immediate halt to the use of and a recall of the COVID-19 mRNA vaccine products.**
- **An independent and transparent public inquiry** into the regulatory processes leading to the approval of these products and their ongoing use.
- **Scientific assessments and analyses of all mRNA products** to determine the health risks to humans from residual plasmid DNA, potential aberrant protein production, and shift to IgG4 antibodies.
- **Access to data and funding for independent research** to assess the potential link between the COVID-19 mRNA vaccines and the recent probable increase in cancer rates and mortality,^{1,2} including any association with the SARS-CoV-2 virus itself.

Our plea for your immediate action is based on many scientifically-supported concerns regarding the COVID-19 mRNA products,³ the latest of which are outlined below:

- **Variable and concerning levels of residual plasmid DNA have been found in the COVID-19 mRNA products** in vials from Canada,⁴ the USA,⁵ France,⁶ Germany,^{7,8} and Australia,⁹ as well as by independent research conducted at a US Food and Drug Administration (FDA) facility.¹⁰ Residual DNA is undesirable as it has potential oncogenic and infectious risks.¹¹ This concern is further compounded by the fact that **lipid nanoparticles (LNPs)**, in which the COVID-19 mRNA products are encased, **increase the delivery of foreign DNA across cell membranes by 10-100 times.**^{12,13} The current regulatory limit of residual DNA does **not** account for this effect.
- **Undisclosed bioactive SV40 promoter-enhancer DNA sequences are used in the production of the Pfizer/BioNTech vaccines.**^{4,5} This has been confirmed by Health Canada,¹⁴ the US FDA,¹⁵ and the European Medicines Agency (EMA),¹⁶ and is highly concerning because these SV40 sequences are used in gene therapy to transport foreign DNA into the cell nucleus and facilitate DNA integration into the human

genome.¹⁷ These sequences should not be present in vaccines; as stated by Health Canada scientists, these sequences "serve no purpose in the manufacturing of Pfizer COVID-19 vaccines" and are "not present in any vaccines currently approved in Canada."¹⁸ Irrespective of the potential health risks associated with these sequences, the lack of disclosure to Health Canada¹⁴ and other regulators by the manufacturer *alone* is a violation of World Health Organization (WHO) Guidelines for mRNA vaccines that require *all* sequences in the DNA starting material to be annotated and justified.¹⁹

- **Numbers of reported vaccine adverse events are batch specific.**^{20,21,22,23} Multiple analyses of public data by independent research groups have revealed unacceptable inconsistencies in manufacturing, storage, administration and/or delivery of the COVID-19 mRNA vaccines.

Further issues with these mRNA products that have already been *identified by Health Canada scientists* include:

- **Aberrant unintended proteins may be produced due to ribosomal frameshifting.**²⁴ Ribosomes carry out the synthesis of proteins from mRNA instructions inside cells. In ribosomal frameshifting the reading of the instructions is shifted resulting in the production of aberrant unintended proteins. Health Canada scientists have considered these aberrant proteins to represent a "high level of impurity" and "cannot absolutely exclude any possible undesirable effects on cell proliferation or toxicity."²⁵
- **A shift of individuals' antibody immune responses from the expected antibody types (*e.g.*, IgG1, IgG3, and IgA) to IgG4 antibodies has been observed following repeated COVID-19 vaccinations.**²⁶ Health Canada scientists have noted that international bodies, including themselves, have identified this shift.²⁷ IgG4 antibodies are associated with immune tolerance (*i.e.*, more SARS-CoV-2 infection) and serious auto-immune conditions.²⁶

Concerns similar to ours have been raised by many other groups both in Canada and around the world who have also asked for a suspension of the COVID-19 mRNA vaccines. For instance:

- Canadian National Citizens' Inquiry, a citizen-led effort to examine Canada's response to COVID-19, which heard 305 expert and lay witnesses in eight cities (2023)²⁸
- Australian Member of Parliament Russell Broadbent who, supported by 52 scientists and health care professionals, wrote a letter to Australia's Prime Minister (2024)²⁹
- NORTH group, a coalition of scientists, physicians, other professionals, and politicians, who issued letters to the governments of 23 European countries and Canada (2024/25)³⁰
- Alberta COVID-19 Pandemic Data Review Task Force, which concluded that "further research to establish the safety and efficacy of COVID-19 vaccines is necessary before widespread use in adults and children" (2025)³¹

- Réinfo Québec, a collective of health professionals, scientists and citizens in Québec, who recently held a press conference on this matter (2025)³²
- Seventeen other professional public health and physician organizations around the world who have made statements (2021-2024)³³

In order to protect the health of Canadian citizens, we appeal for an immediate halt to the COVID-19 mRNA vaccines and a redirection of efforts towards much needed inquiry, assessment, and research. We hope for a fulsome discussion of the evidence and welcome the opportunity to contribute to the path forward.

With utmost concern and respect,

Canadian researchers and professionals [in alphabetical order]

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Sponsoring Organizations:



Canadian Citizens Care Alliance
Alliance Canadienne de
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