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## Side effects of Covid vaccines: the construction of a media-political taboo (France, 2020-2022)

<https://cdoi.org/1.2/065/000064>

### Abstract

*The issue of the adverse effects of anti-Covid vaccines is so much a subject of political and media denial that it has become a veritable taboo. The chronology shows that there was first a phase of uncertainty (first part of 2021) during which the government's main concern was to cover up the "AstraZeneca affair" and pave the way for mRNA vaccines. Then, as the summer of 2021 approached, the government's desire to vaccinate the entire population and its vote to make vaccination compulsory on pain of social exclusion meant that debate and questioning disappeared in favour of a single discourse touting the "scientifically proven" efficacy and safety of mRNA vaccines and demonising all criticism through the infamous figure of the "anti-vax". The article recounts and analyses this media-political construct, highlighting the complicity of the political authorities with the medical profession and the lack of independence of the public "Authority for Health" agency (Haute Autorité de Santé). It also notes that the doctors promoted as the best 'experts' by the government, and who were omnipresent in the media, hadn't in fact a good command of the scientific information available. Lastly, the article questions the vaccine ideology that has prevailed in France since the early days of the Third Republic, which divides the world into two enemy camps (pro- and anti-vax), moralizes and politicizes vaccination, lumps very different pharmaceutical products together in the same magic word, makes it impossible to calmly assess the benefit-risk balance and considers the question of adverse effects as a fundamentally insignificant issue. Key words: Covid-19 ; Vaccines ; Side effects ; Public health ; Vaccine hesitancy ; Pro-vax ideology ; Politicization of health.*

*"TABOU. Male noun and adjective. Meaning 1: A system of religious prohibitions applied to what is considered sacred or impure. Meaning 2: What is kept silent about, out of fear or modesty. Example: sexual taboos"*  
– Le Robert dictionary, France.

*"TABOU. Etymology. From the English taboo, from the Polynesian tapu ("forbidden, sacred"). (Anthropology) Relating to a religious interdict. (By extension) Said of a thing or being that it is not permitted to touch, or of a subject that it is not permitted or very delicate to broach without shocking or provoking strong reactions of susceptibility."*  
– wiktionary.org

The Covid-19 vaccination campaign officially began in France on 27 December 2020, right in the middle of Christmas holidays. A few days after the start of the new year (7 January), at one of the countless press conferences organised by the government during the Covid crisis, Prime Minister Jean Castex announced: "We want both to enable people to exercise a genuine

right to vaccination, organised according to health priorities, and to convince as many of you as possible to be vaccinated, precisely because we have taken every ethical and medical precaution. Getting vaccinated means protecting yourself, but it also means protecting others. Let's show that we are a nation of solidarity and generosity. Once again, I appeal to our individual and collective sense of responsibility".<sup>1</sup> A few minutes later, on the same podium, the French Minister for Health, Olivier Véran, also supported the launch of the campaign, saying the following about adverse events (now AEs): "The vaccine is safe. Serious adverse reactions are extremely rare. Based on initial reports, which are being consolidated day by day, we are told that there are around 1 patient per 100,000 vaccinated. These events are essentially allergic in nature, and occur in people who are otherwise known to be highly allergic, even if they have not been vaccinated, to the extent that, more often than not, they do not leave the house without carrying an adrenaline kit".

Apart from the fact that we wonder why people known to suffer from such allergies and therefore at risk of serious (potentially fatal) AEs were nevertheless vaccinated (we'll come back to this later), this statement was intended to reassure the general population. Apart from the specific case of severe allergy sufferers, there would be no risk. This was a lie, unless you believe that the Minister's direct advisers (who, like the Minister himself, have medical training) do not read biomedical journals and are therefore incompetent. In fact, in the Pfizer clinical trial published on 10 December 2020, despite the strategies employed by manufacturers to minimise AEs as far as possible (Mead et al, 2024) and despite the arbitrary exclusion of people who had already been infected with SARS-CoV-2 (Doshi, 2021), it is clear that the vaccinated group experienced a very large number of local (especially in young people) and systemic (especially after the second dose) AEs, in much higher proportions than the placebo group (Polack et al, 2020, Figure 2).<sup>2</sup> In the body of the article, it is stated in full that "the frequency of any severe systemic event after the first dose was 0.9%" and that "severe systemic events were reported in less than 2% of subjects vaccinated after either dose" (Polack et al, 2020, 210). By going from 2 per 100 to 1 per 100,000, the Minister has therefore divided the known reality at the time by two thousand...

Nine days after this press conference, on 12 January, the "*Covid-19 Scientific Advisory Board*" (set up ad hoc in March 2020) issued an important opinion. It was chaired by Jean-François Delfraissy, Professor of Medicine at Paris-Saclay University and coordinator of the H1N1 influenza research plan in 2009 at the request of the Ministry of Research and the Ministry of Health, Director of the National Agency for Research on AIDS and Viral Hepatitis (ANRS) since 2005 and of the Institute of Infectious Diseases at INSERM since 2008, Chairman of the National Consultative Ethics Committee since 2016 and already a government advisor at the time of the Ebola epidemic (2014-2015). In 2021, he will be made a Commander of the "Legion of Honour" (the highest French state honorary decoration). On 12 January 2021, the Scientific Advisory Board wrote that "the major challenge over the coming weeks is to vaccinate as many people as possible who are at risk because of their age, state of health or because they work in a healthcare profession, in order to reduce the occurrence of severe forms of the disease and save lives, particularly among people who have already been severely affected by the first two waves. Ultimately, this will also protect the healthcare system" (Conseil scientifique, 2021, 13). He added that he was impatiently awaiting the vaccines from AstraZeneca and Johnson & Johnson (Janssen) so that he could go and vaccinate the very old and very sick in their homes (which was hardly possible with the Pfizer vaccine,

given that it had to be kept at a temperature of  $-70^{\circ}$ ). The objective announced, in full agreement with the government, “should be to vaccinate at least 70% (12 million people) of this population by spring”, the Scientific Advisory Board continues. It goes on to estimate, on the basis of modelling and data from manufacturers' clinical trials, that “if 50% of these people had been vaccinated in the second wave, 14,000 hospital deaths would have occurred instead of 25,000” (ibid., p. 20). In this important opinion, the expression “adverse reaction” is simply absent. As if, once again, the thing did not exist or was a negligible residue, not to say contemptible.

## **First neglected alert: Pfizer and ‘fragile’ people**

However, this idyllic picture soon turned darker. On 15 January 2021, the first alert was published in the British Medical Journal. In Norway, where around 20,000 people had already been vaccinated with Pfizer’s mRNA vaccine, doctors were concerned about 23 suspected cases of rapid death after vaccination in elderly people who were already ill (the very people that many Western governments and health professionals considered to be priorities). In particular, they wondered whether “the frequent adverse effects of mRNA vaccines, such as fever, nausea and diarrhoea” had not precipitated the deaths of these already very fragile people (Torjesen, 2021).<sup>3</sup> The previous day (14 January), in Germany, where some 800,000 people had already received an injection, the press had also reported an investigation by the Paul Ehrlich Institute (responsible for pharmacovigilance) into 51 serious AEs, including 10 cases of death occurring very quickly after vaccination.<sup>4</sup> As an official source of comment for the media, the President of the Robert Koch Institute, Lothar Wieler (a veterinary surgeon and Professor of Microbiology and Animal Epidemiology in the Department of Veterinary Medicine at the Free University of Berlin, who will be made an Officer of the Order of Merit in 2024) confirmed that the cases concerned elderly people who were already ill, while the President of the Paul Ehrlich Institute, Klaus Cichutek (Professor of Biochemistry at Frankfurt's Goethe University, who will also be made an Officer of the Order of Merit in 2024) even added that “there are no contraindications for allergy sufferers either”, the opposite of what Mr Véran claimed in France at the same time.

We can see here that all these comments on vaccines made by doctors occupying important institutional positions and advising governments are more political than medical in nature. This, moreover, is what the RKI Files will reveal at the end of July 2024 (Simonelli, 2024). Some 4,000 pages of reports, thousands of letters and emails exchanged between doctors and scientists at the Robert Koch Institute (the equivalent of the French Covid-19 Scientific Advisory Board) and the German federal government since 2020, posted online by a whistleblower (a former employee of the RKI). Overall, these documents show that, far from “following the science” as it claimed, the German federal government has constantly put pressure on doctors and scientists to provide arguments to justify decisions that had already been planned.

Unfortunately, no such document “leaks” exist in France, revealing the exact nature of the relationship between the government and the "Scientific Advisory Board". Information is also lacking on the second political-scientific very small group set up by the French government, the Conseil d'orientation de la stratégie vaccinale (vaccination strategy advisory

board), created on 3 December 2020 and attached to the Ministry of Solidarity and Health, and headed by another doctor familiar with political circles: Alain Fischer, quickly dubbed “France's Mr Vaccine” by the media. Fischer is in fact first and foremost a doctor (a paediatrician) and a researcher (in immunology, specialising in paediatric vaccines and new gene therapies) with a remarkable institutional record, ending his career as a professor at the Collège de France, member of the Académie des sciences, member of the Académie de médecine, member of the American Academy of Sciences and the Belgian Academy of Medicine, recipient of some fifteen research awards in several countries, member of the Board of the Fondation de la Recherche Médicale... But he is also a science entrepreneur in the sense of seeking funding to advance science. He is a member of the Scientific Council of the Jeantet Foundation, a member of the Board of Directors of the Bettencourt Schueller Foundation and Chairman of the Board of Directors of the Edmond de Rothschild Foundation. Finally, Alain Fischer is an administrator and promoter of research in direct liaison with governments. This second career in politics began in the late 1990s. It is marked by a partisan commitment to the centre-left. From 1999 to 2001, he was an adviser on medical research in the cabinet of the Ministry of Research, working under ministers Claude Allègre and Léon Schwartzenberg. With the return of the political right to power (2002–2012), he temporarily withdrew from the political landscape, but returned as soon as the wind changed. In spring 2011, Alain Fischer joined the campaign team of Martine Aubry (Socialist Party) for the 2012 presidential election, as an adviser on health issues.<sup>5</sup> Four years later, in 2016, he was appointed by Health Minister Marisol Touraine to head a steering committee for the citizens' consultation on vaccination, the stated aim of which was to “respond to the growing ‘mistrust’ of part of the population” towards vaccination.<sup>6</sup> And it was following his report, which went against the majority opinion of the members of the consultation group, that the government made eight new vaccines mandatory, in addition to the three already in place.<sup>7</sup> Unsurprisingly, he took on a new political role during the Covid crisis.

## **Second alert to try and avoid: the AstraZeneca affair**

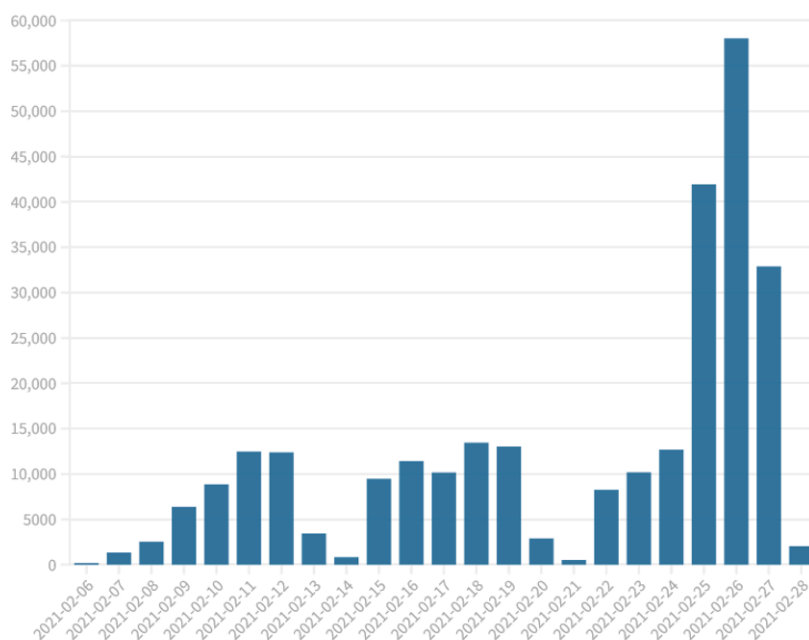
AstraZeneca's vaccine has been officially available in France since 2 February 2021. At a new press conference on 18 February, Health Minister O. Véran spoke about the AEs caused by this new vaccine. He said: “This vaccine may cause some adverse effects, such as temporary fever, headaches and temporary fatigue. These symptoms may be uncomfortable, but they are benign and temporary”. So, from a political point of view, nothing serious. On the medical front, however, the reality was very different.

On 11 February, the local press reported that after just one week of AstraZeneca vaccination in the Breton hospitals of Brest, Quimper and Morlaix, between 20% and 25% of vaccinated staff had gone on sick leave, to such an extent that the management of the hospital in Morlaix had decided to suspend the vaccination of its staff.<sup>8</sup> On 24 February, a local France Bleu radio station also reported that some general practitioners (family doctors) were reluctant to inject the AstraZeneca vaccine. Firstly, they argued that new English and South African variants had arrived that were different from the original strain from which the vaccines were made. Secondly, they questioned the duration of supplies for booster injections, given that the government had announced the imminent arrival of Pfizer and

Moderna products, and the doctors wondered how it would be possible to mix a first dose of one product (the “non-replicating viral vector” used by AstraZeneca) with a second and then a third dose of products based on a different technology (the messenger RNA used by Pfizer and Moderna).<sup>9</sup> The comments, made by ordinary general practitioners on a modest local radio station, were extremely moderate and reasonable. But it dared to cast doubt on the grand political narrative that had been set up in advance, promising the disappearance of the epidemic thanks to mass vaccination that was as effective as it was harmless (Mucchielli, 2022a).

In addition, some of the healthcare professionals who were the first to receive deliveries of AstraZeneca’s product did indeed seem to shun it during the first few weeks, as Figure 1 shows.

### Nombre quotidien de doses d'AstraZeneca injectées



**Figure 1:** Daily number of AstraZeneca doses administered (Source: santé publique France)

At the time, the government was focused on this hesitation, with the media also emphasising the point and increasing the pressure: “There’s a problem in France with AstraZeneca. Only 25% of the doses delivered by the British laboratory had been used in France by Sunday 28 February. (...) It is nevertheless surprising that the stock dedicated to carers, i.e. around 600,000 doses, has decreased so little. Although the Ministry of Health says it has not “quantified the reluctance”, the government is taking it seriously. “We are doing everything we can to ensure that this reluctance is reduced”, says Avenue de Ségur. And Alain Fischer, the government’s “Mr Vaccine”, is touring healthcare communities to promote AstraZeneca. Olivier Véran himself recently organised a videoconference with the heads of health establishments to improve vaccination coverage among healthcare workers”.<sup>10</sup>

The chronology shown in Figure 1 indicates that AstraZeneca injections stagnated until 24 February, then soared from the 25th. Was this the impact of Mr Fischer’s speech, and the DGS

(Direction Générale de la Santé) memo that followed? For the government, which scanned the media and social networks on a daily basis and regularly commissioned opinion polls to monitor the level of “vaccine hesitancy”, it was essential to quickly extinguish the risk of a fire caused by the reluctance of doctors in the field. So "Mr Vaccine" came on the scene.

The day after the France Bleu report, Alain Fischer posted a short video on Twitter (future X) in which he lectured modest general practitioners. First of all, he claims that a very recent article proves that AstraZeneca’s vaccine “has shown a degree of efficacy equivalent to that of mRNA vaccines”. He also claims that data from Scotland, which “have just been released” and which concern “all subjects vaccinated in Scotland, i.e. more than 400,000 people”, show protection against hospitalisation “of the order of 90% after one month”, which “essentially confirms the data acquired in clinical trials”. Mr Fischer concluded that “this vaccine is of good quality and can and should be widely used, particularly for the time being by healthcare professionals and by people aged between 50 and 65 with co-morbidities”, that “these people absolutely need vaccines” and that “in people over 50, this vaccine is perfectly well tolerated”.<sup>11</sup> Mr Fischer concluded the science lesson he claimed to be giving to junior doctors in the field: “I would suggest that you reflect on your attitude and adopt a position that is favourable to this vaccination for reasons of efficacy and safety of use of this vaccine”. From a scientific point of view, these remarks call for three sets of comments.

## **"Mr Vaccine" is not familiar with the scientific literature on vaccines**

Firstly, Mr Fischer did not respond to the two objections legitimately raised by general practitioners: the arrival of different variants of the initial strain from which the vaccines were developed, and the mixing of two products based on different technologies and compositions as if they were equivalent. On this last point, in its first opinions of December 2020 and January 2021 (which these doctors in the field had clearly consulted), the French National Authority for Health (HAS) stated, with regard to Pfizer and Moderna mRNA products, that “in the absence of data available to date, co-administration with other vaccines is not recommended” (HAS, 2020 and 2021a). As for the first argument, it was a factual one and, on 16 March, barely three weeks after this little controversy, a research article published in the *New England Journal of Medicine* confirmed that AstraZeneca’s product was indeed almost ineffective against the South African variant (Madhi et al, 2021), while a second paper published in May revised the efficacy measurement upwards slightly, but nowhere near the proportions mentioned by Alain Fischer (Shinde et al, 2021). Neither of these two articles had sufficient data to give an opinion on safety.

Secondly, Mr Fischer refers to “recently disclosed data”, which would confirm the AstraZeneca clinical trial and constitute proof of the “90% efficacy and safety” of his product. Here again, Mr Fischer, who prides himself on mastering the bibliography in real time, could not have been unaware of three publications. The first was a research article published in the *Lancet* on 7 January 2021, comparing the results of the first randomised studies carried out in England, South Africa and Brazil (Voysey et al, 2021). This article indicated that, taking into account the protocol of the trials and their initial results, 1) the efficacy of the protection varied from 60% to 70% (and not 90% as claimed by M. Fischer), 2) it was limited to the

prevention of symptomatic Covid after positive tests, but could say nothing about severe forms and the criteria for hospitalisation, 3) for lack of data, nothing could be said about efficacy in people aged over 55 (the very people for whom Mr Fischer considered it an “absolute” priority), nor about the safety of the product (again for lack of sufficient data). The second publication is the opinion of the French National Authority for Health (HAS), published on 2 February 2021. This, in turn, reviewed all the available clinical trials, found that efficacy (again, within the limits of the single criterion of symptomatic Covid after a positive test) was between 37% and 74% depending on the trials, criteria and calculation methods (HAS, 2021c, 31), pointed out that it “had not been studied in children, in women during pregnancy or in immunocompromised individuals” (ibid., 33), and concluded that efficacy could not be established in “people with co-morbidities, people aged 65 and over, asymptomatic forms, carriage and transmission of the virus and severe forms of Covid-19” (ibid., 49).<sup>12</sup> In addition, the HAS pointed out that the duration of long-term protection after 1 or 2 doses was also unknown, as was the compatibility of this product with mRNA products. We can see here that the opinion expressed by general practitioners in the field was in line with the current state of knowledge, contrary to the statements made by Alain Fischer.

Lastly, Mr Fischer was apparently also unaware (third publication) of the article published on 29 January by the journal *Prescrire* (known in France for its independence from the pharmaceutical industry) on the AstraZeneca clinical trial. It states that the data from this trial are particularly ‘fragile’ and ‘incomplete’, mainly because the golden rules of the randomised double-blind trial were not respected (Prescrire, 2021). In fact, the product was not initially tested against a placebo but against another drug (a meningococcal vaccine), the effect (and probably the objective) of which is to “reduce differences in the frequency of adverse events common to vaccines”. The manufacturer subsequently changed the trial protocol when it became clear that one dose was not enough and that a second dose was needed (which, however, would be tested against a placebo!). In addition, the trial was not carried out in duplicate but as a single blind study, with the investigators aware of the products injected into the two groups of patients being compared. In addition, the many changes made to the study design led to the exclusion of almost half of the 21,000 initial participants. Worse still: “Some patients in the ChAdOx1 nCoV-19 vaccine groups were mistakenly given a half-dose during the first injection. It has been suggested that the vaccine was more effective in these patients. However, confounding factors invalidated this analysis. For example, the patients who received the half-dose were younger than those who received the full dose” (ibid.). Finally, with regard to severe forms of Covid, the review states that the numbers compared are too small to demonstrate protection. It even states that “these trials were not designed to assess the efficacy of the ChAdOx1 nCoV-19 vaccine in people aged 65 or over”. Finally, with regard to the reality of adverse events, the journal *Prescrire* reviewed this trial and all the data produced by AstraZeneca on its product, indicating that 1) local AEs were much more frequent in the vaccinated groups, 2) systemic AEs (fever, pain, headache, fatigue, malaise, nausea, vomiting, etc.) were also more frequent in the vaccinated groups, and 3) local AEs were much more frequent in the vaccinated groups.) were also more frequent in the vaccinated groups, and 3) serious adverse reactions (such as myelitis – inflammation of the spinal cord – and facial paralysis) were just as numerous in the vaccinated groups as in the control groups. *Prescrire* concluded that “the level of evidence in the data [from

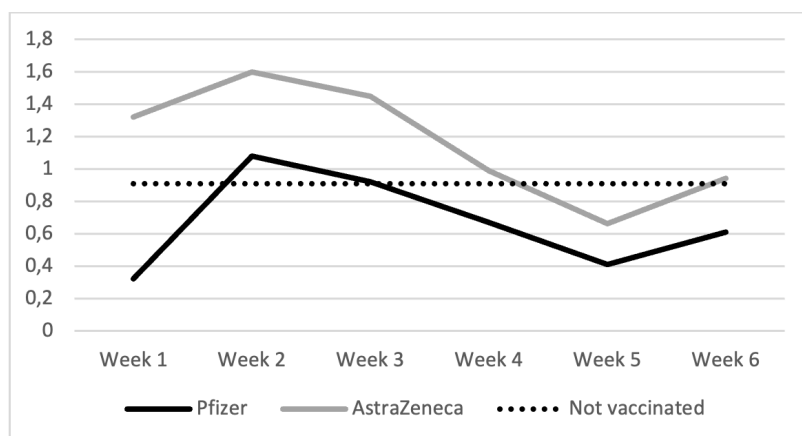
AstraZeneca's clinical trials] is low overall” and that, ultimately, “the uncertainties surrounding the ChAdOx1 nCoV-19 vaccine are greater than those surrounding the two mRNA vaccines already available in the European Union”.

## **When "science" is in fact an argument of authority for political ends**

The third series of comments that need to be made stems from Alain Fischer's central argument in his video response to general practitioners. He refers to "recently disclosed data" showing that AstraZeneca's product is “94% effective”. But what is this all about? On 23 April 2021, the *Lancet* published online a study carried out by researchers working for the British government in the steering groups set up during the epidemic (which constitutes a conflict of interest) and which proudly announced 91% and 88% protection rates against hospitalisation for Pfizer and AstraZeneca products (Eleftheria et al, 2021). However, this announcement in the abstract of the article is far from reflecting all the results of this “prospective cohort study” which is based on the first two and a half months of the vaccination campaign in Scotland (from 8 December 2020 to 22 February 2021), without, unfortunately, its data being verifiable.<sup>13</sup>

It should first be noted that, as in the case of Pfizer's phase III clinical trial, the study arbitrarily excludes all people who had already had a Covid test before the start of the vaccination campaign. Here we are comparing two groups of people (vaccinated or not) who had never been officially infected before and who all had a positive PCR test for Covid at the start of the observation period. Secondly, as has unfortunately become the rule in the presentation of results concerning vaccination, to estimate the efficacy of vaccine protection, the authors systematically calculate only relative and not absolute values. This totally distorts reality (Cotton, 2023, 44sqg). It is therefore necessary to recalculate hospitalisation rates in order to compare vaccinated and non-vaccinated patients, using statistical reasoning that remains anchored in reality (absolute values). Finally, and most importantly, if we simply compare their statistical data and the comments they make about it, we are struck by the fact that they fail to mention two facts which obviously do not “fit” with the message they are trying to get across. The first is that the advertised “vaccine protection” does not actually appear until one month after the injection, with the preceding weeks being marked by higher rates of hospitalisation among those vaccinated. The “94%” claimed by Mr Fischer is therefore doubly misleading. Firstly, it is a confidence interval of between 75% and 94%. Secondly, and more importantly, these rates actually vary greatly depending on the date on which they are observed, with maximum levels only being reached one month after the injection. But what happens before and after?

Let's look at the data published by the authors of the article in table 2. In the control group (831,226 people not vaccinated), there were 7,698 hospitalisations categorised as Covid as the sole or main cause. This gives a hospitalisation rate of 0.91% for the unvaccinated. Here are the same rates for those vaccinated by Pfizer and AstraZeneca during the 6 weeks of observation (Figure 2).



**Figure 2:** Hospitalisation rates for Pfizer and AstraZeneca vaccinees and non-vaccinees in the Eleftheria et al. study (2021).

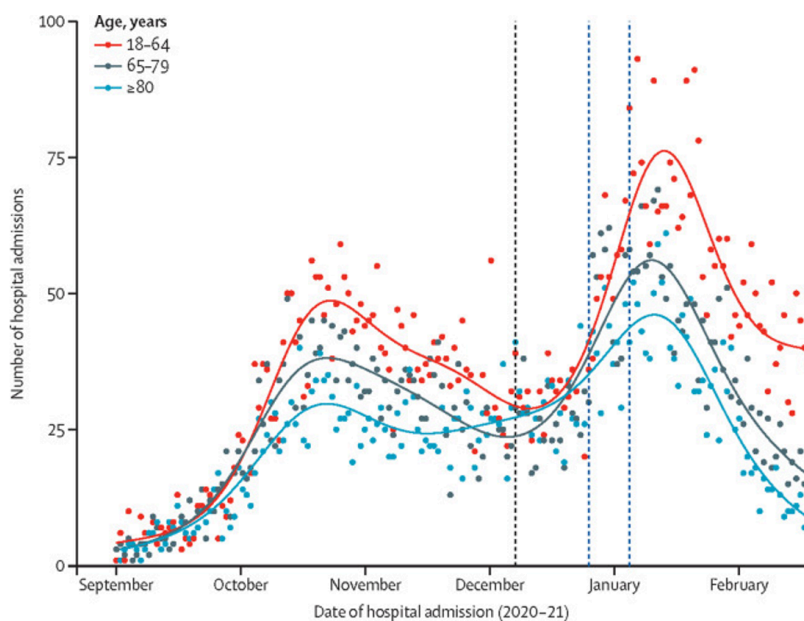
First of all, it can be seen that Astrazeneca’s product reduced the risk of hospitalisation compared with non-vaccinees only once during the fifth week, and even then this calculation is extremely fragile given the small number of people involved (the rate is calculated here using 11 hospitalisations out of 1,666 people vaccinated). By the sixth week, the rate was back above that of non-vaccinated people, and during the first three weeks it was already higher. This shows just how misleading “relative value” calculations of protection can be. In some cases, they even manage to express the opposite of what is observed. As for Pfizer’s product, it does not really become effective in reducing hospitalisation until the fourth week, peaking in the fifth and already beginning to lose its protective effect by the sixth. Incidentally, this second characteristic (the rapid decline in vaccine protection) has never been concealed by manufacturers, which is not surprising since it justifies the need to inject “booster doses” of unlimited duration and quantity.

Thus, an honest account of the data available at the time would have been to say that the two vaccines studied here only partially and very temporarily reduce the risk of hospitalisation, and on the contrary increase it during the first two to three weeks with AstraZeneca. The circle is beginning to close because, in fact, all the scientific literature available on the subject indicates that most adverse effects, whether serious or not, occur precisely during the first two weeks following the injections (for ex. Seneff et al., 2022; Yamamoto, 2025).

### **This suggests that nothing during this crisis has been managed according to any "scientific consensus"**

A final comment is in order. Insofar as some of these adverse effects are serious and even fatal, we should logically expect not a reduction but, on the contrary, an increase in mortality at the start of vaccination campaigns. Incidentally, the authors of the British article just discussed publish a figure showing the curve for hospitalisations between September 2020 and February 2021, which we reproduce opposite (Figure 3). It shows that the vaccination campaign starts at a time when hospital admissions are falling (except for the over-80s), and that they increase once mass vaccination is launched. In passing, it also shows that the

second English lockdown, which begins in London on 4 December 2020 and is extended to the whole of the United Kingdom on 4 January 2021, has no impact on the hospitalisation curve, which is also a major finding of independent research (De Laroche Lambert Q. et al, 2020; Bendavid et al, 2021; Bendavid, Patel, 2024). Clearly, it has never been scientifically proven that “lockdowns have saved [tens of thousands, hundreds of thousands, millions, tens of millions...] of lives”. But that’s another story.



**Figure 3:** Covid-19 hospitalisations by age group from September 2020 to February 2021 in Scotland (Source: Eleftheria et al, 2021, fig. 3)

Note for the reader: the first dotted vertical line corresponds to the start of the anti-covid vaccination campaign, the next two to the dates of the second English lockdown. So, the man whom the government and the media had enthroned as France’s leading vaccinologist didn’t actually master the scientific literature, or at least he only took on board what could be used to encourage mass vaccination, ignoring everything that should, on the contrary, have encouraged the utmost caution. Even Olivier Véran’s remark about people with allergies never came up again. And yet, as early as February 2021, an international team of specialists on the subject warned about the composition of the new mRNA or adenovirus vaccines (presence of polysorbate or polyethylene glycol, which are excipients used in the composition of the lipid nanoparticles that encapsulate the mRNA and are designed to facilitate its penetration into the cells), secondly, the fact that cases of anaphylactic shock were reported from the very first days of the anti-Covid vaccination (December 2020). The researchers therefore stated that they expected a higher incidence of anaphylactic shock than usual, with traditional vaccines causing such shock in less than one case in a million vaccinations (Turner et al. 2021). Bell’s palsy is another serious AR well known in vaccinology.<sup>14</sup> Here too, cases appeared in the early days of anti-Covid vaccination (Repajic et al. 2021), leading researchers to advise against mRNA vaccination for people with a strong allergic background. This article was published in February 2021. It was rapidly confirmed in

April (El-Shitany et al. 2021). Finally, it was also known as early as April 2021 that the two adenovirus vaccines (AstraZeneca and Janssen) caused thrombosis, which was also potentially fatal (Greinacher et al. 2021; Schultz et al. 2021; Mahase, 2021, 2021b).<sup>15</sup> In fact, on 5 May 2021, the major biomedical sciences bibliographic search database PubMed already contained 50 studies of all types on the subject of thrombosis caused by anti-Covid vaccines (Bilotta et al. 2021). But, at the time, Mr Fischer never said a word about any of this.<sup>16</sup> A safeguard could have been the French National Authority for Health (HAS), the health administrative authority that is theoretically 'independent' (of the government). But there is a long way from theory to practice.

## **The end of the AstraZeneca soap opera: what and for whom are HAS opinions used?**

Following media interventions by Mr Fischer and Mr Véran in February 2021, on the strength of these “new Scottish data”, the Director General of Health (DGS) asked the HAS to review its position. And it did so in a new opinion issued on March 2, 2021: “The HAS considers that the AstraZeneca vaccine's place in the vaccination strategy can now be extended to people aged over 65. Indeed, despite their limitations (notably the small number of trials), the Scottish data are very encouraging, particularly with regard to the efficacy of this vaccine in people aged 65 and over” (HAS, 2021c). This is probably a good indication of the degree of independence of the HAS, whose opinions are based on referrals from the government and in fact appear to endorse it. On the same day (2 March 2021), for example, the HAS issued another opinion, again following a referral from the Directorate General of Health, validating the government's request to be able to extend the list of people authorised to vaccinate to nurses, midwives and pharmacists in order to “increase vaccination coverage” (HAS, 2021d). From this point onwards, the HAS also accepted as reasonable the prospect of vaccinating pregnant women. Similarly, while in its first opinions we saw that it recommended not mixing doses of mRNA and adenovirus vaccines (HAS, 2020 and 2021a), it complied with the government's wishes in a new opinion of 9 April 2021, which “recommends using the mRNA vaccines currently available for administration, with their agreement, of the second dose in people under 55 who have received a first dose of VAXZEVRIA vaccine [AstraZeneca] with an interval of 12 weeks between doses” (HAS, 2021e). It merely adds that it also recommends “rapidly setting up a cohort study of people vaccinated with the VAXZEVRIA vaccine and then with an mRNA vaccine to assess the immune response conferred by the recommended mixed vaccination schedule, as well as specific pharmacovigilance monitoring” (ibid.). Let's inject first and see what happens later... Politics first, medicine and science later.

However, the French government's propaganda will have no effect. In March 2021, most countries announced the withdrawal of AstraZeneca's product in view of the frequency of cases of thrombosis, some of them fatal, reported just about everywhere: "For a week now, hardly a day has gone by without a country suspending all or part of the AstraZeneca vaccine in circulation. Austria got the ball rolling on 8 March, when it suspended the use of a batch of vaccine following the death of a nurse. Since then, other countries have followed suit. Denmark, Norway, Iceland and the Netherlands have gone further, freezing all batches of

AstraZeneca's vaccine, followed by Germany, Italy, Spain and Portugal. Outside Europe, the Democratic Republic of Congo, Indonesia and Thailand have postponed their vaccination campaigns", reported *Le Monde* on 15 March.<sup>17</sup> At the time, French President E. Macron said he "hoped" that the campaign of injections with AstraZeneca's product could resume after the expected opinion of the European Medicines Agency (EMA).<sup>18</sup> The latter was embarrassed, as the European Commission, led by its President Ursula Von der Leyen, had rushed to conclude contracts for the advance purchase of vaccines and had signed the first of these contracts with AstraZeneca in August 2020 (even before the first results of the phase III clinical trials were available). The contract stipulated that "all Member States will be able to purchase 300 million doses of AstraZeneca's vaccine, with an option for a further 100 million doses, which will be distributed in proportion to the population".<sup>19</sup> The cart before the horse, with motivations that are probably not simply good intentions.<sup>20</sup>

The EMA eventually suspended and then re-authorized the use of AstraZeneca's vaccine, while gradually extending the list of serious adverse effects (starting with Guillain-Barré syndrome).<sup>21</sup> However, there are major differences and inconsistencies between European countries. In addition, the media coverage of the "AstraZeneca affair" in early 2021, combined with the weight of competition between manufacturers and US protectionism, will be fatal for the product. The company will revise its manufacturing investment plans and will be in conflict with the European Commission for several months over the delivery of doses.<sup>22</sup> In the meantime, AstraZeneca had also changed the name of its product (to "Vaxzevria") in the hope of getting round the stigma.<sup>23</sup> This was not enough. AstraZeneca permanently withdrew its product from sale at the beginning of May 2024.<sup>24</sup> In the meantime, a number of European countries, including France, had disposed of their stocks in favour of the COVAX international solidarity scheme designed to supply poor countries!<sup>25</sup>

At the end of summer 2021, this product was no longer part of the vaccination strategy. As a result, Alain Fischer quietly changed his mind: "I'm keeping the door ajar for Janssen, but not for AstraZeneca".<sup>26</sup> Unfortunately for him and for all of us, Janssen's product was no better. Subsequent scientific research showed that the risk of hospitalisation following vaccination with COVID-19 was around five times higher with the Janssen vaccine than with the Pfizer vaccine (Botton et al 2022), that (like AstraZeneca) it caused an increase in cases of Guillain-Barré syndrome from the first dose (Le Vu et al, 2023), that it is the most common vaccine to cause vasovagal syncope, 164 times more often (8.2/0.1 cases per 100,000 injections) than influenza vaccines (Chrétien et al, 2022), that it is much more involved than the other three mRNA and adenovirus vaccines in the occurrence of severe thrombocytopenia and thromboembolism (Who, Dimova, 2022) and that it is particularly responsible for severe Bell's palsy (Van der Boom et al, 2023). All in all, this is clearly the vaccine causing the most serious AEs of the four offered in France.

## **The transition to forced mass vaccination and the height of vaccine propaganda**

So, from the beginning of 2021 until the summer, there were constant warnings about the safety of the new anti-Covid vaccines. In France, the government and its affiliated doctors did their utmost to play down these warnings, their communication strategies being well honed

and most journalists relaying their statements without any critical distance (Mucchielli, 2022b, 2024). Adrian Staii has clearly demonstrated this in very recent research. The author studied a corpus of 816 articles published in the online editions of four major media (Le Figaro, France Info, Ouest France and Le Monde) over an 8-month period (from 20 December 2020 to 31 August 2021). It shows that the sources of these articles are basically government communication (the journalists' main source in 42% of the articles) and “knowledge players” (scientific council, health establishments, health professionals, research institutions, scientific experts, the main sources in 37% of the articles). Conversely, “forms of legitimacy based on experience”, such as testimonies from citizens, are present in only 5% of articles. Finally, he highlights the fact that “the arguments are overwhelmingly favourable to vaccination in over 96% of the corpus” (Staii, 2025, 120). The discourse is therefore unique, and always draws on the same sources (government and "medical experts"). The researcher concludes that “these data support the idea that media discourse conveys a ‘vertical’ vision of the vaccination campaign, in which society is assigned the role of object of health action rather than stakeholder” (ibid., 123).

Politicians and journalists thus gradually succeeded in reassuring the public, the ultimate target of the vaccination campaign. Between the official launch of the campaign in December 2020 and April 2021, opinion polls showed that the proportion of respondents who said they did not want to be vaccinated halved (from 58% to 30%) and became a minority (Figure 4).

Figure 4: Responses to the question “Do you intend to be vaccinated against Covid-19”?

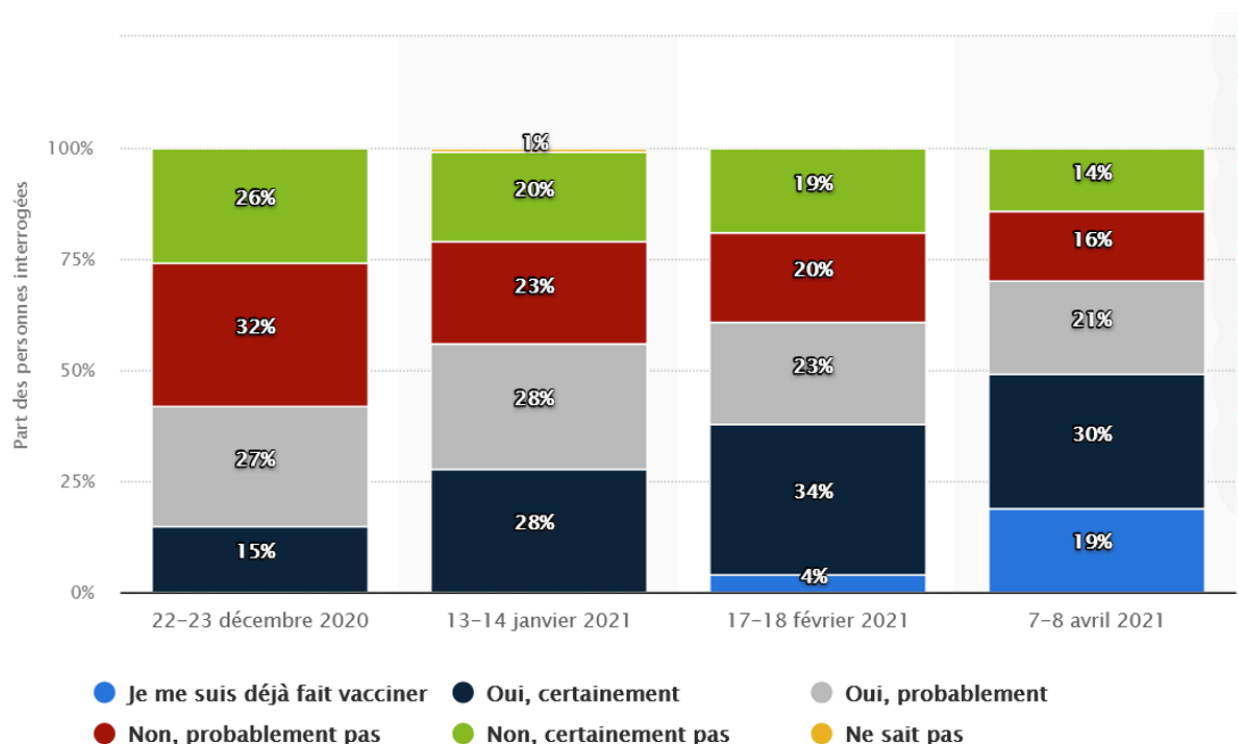


Figure 4: Source: statista.com (2025)

By the summer of 2021, the French government had succeeded in rendering invisible any arguments that might encourage “vaccine hesitancy”.<sup>27</sup> A look at the trend in vaccination



reports received by pharmacovigilance services (Banoun et al. 2022). To silence or render invisible this opposition, political and media propaganda reached its peak (Mucchielli, 2022a). The spectre of “vaccine hesitancy” (which could be understood as legitimate caution calling for dialogue) was then replaced by the demonisation of the “anti-vax” figure (who designated an enemy to be eliminated without discussion) (Szymanski, 2022; Caroselli, Schiano, 2023).

## **A caricature of "anti-vaxers" revealing the political and moral structures of vaccine ideology**

From mid-2021 onwards, hundreds of politicians, journalists, intellectuals and artists took to the media and social networks to denounce these dangerous enemies of society and call for vaccination without discussion, in other words without reflection. Among the intellectuals who have become political campaigners for compulsory vaccination is Patrick Zylberman, a historian of hygienism under the Third Republic. In his book *La guerre des vaccins* (The Vaccine War), he caricatures this denunciatory and moralising stance, fantasising the figure of an “anti-vax” “enemy of science” and denigrator of “the accumulation of humanity’s labours”, whose thinking was characterised by “moral irresponsibility”, “He mocked the “*hyper-democracy*” encouraged by the Kouchner law of 4 March 2002 on patients’ rights and deplored the retreat of “the authority of the State”, presenting victims’ associations as a collection of eccentric people blinded by “a strong feeling of persecution caused by personal misfortune”, driven by “the imagination of misfortune” itself “fed by all the plots in the world”, locked into a “miserable servitude of fear”, into “adulterated compassion” and “rugged individualism” (Zylberman, 2020, 17, 19, 31, 42, 44, 133, 144). These militant comments are reminiscent of the radical scientism and hygienism of the early days of the Third Republic, and the historian has clearly never managed to take a minimum of reflective distance from his subject of study. The book by another historian, in association with a biologist (*Anti-vax. Resistance to vaccines from the 18th century to the present day*), suffers from the same glaring lack of objectivity and the same anachronisms, the figure of the ‘anti-vaccinator’ invented at the very beginning of the 19th century to disqualify critics of variolisation being taken as a kind of historical invariant, the myth of ‘safe and effective vaccines’ also being taken as a timeless truth necessarily referring its critics to irrationality and ‘anti-science’, mocking the “ecologism” of contemporary “anti-vaxers” who “eat seeds like birds to reaffirm our closeness to an idealised and redemptive nature”, when they are not followers of Rudolf Steiner’s anthroposophy, worshippers of homeopathy, which is of course considered to be pseudo-medicine, or nasty ‘conspiracy theorists’ fantasising about ‘Big Brother’ and ‘Big Pharma’ (Salvadori, Vignaud, 2019, p. 209 for “seed eaters”).

Finally, let’s add to this picture the political arguments in the strict sense of the term, which are even weaker and more fallacious, but omnipresent in public debate, consisting of demonising the figure of the “anti-vax” by likening him to an extreme right-wing militant. This argument was regularly used by politicians, journalists and some doctors to discredit the large-scale street demonstrations that followed the vote to make vaccination compulsory in August 2021. Unfortunately, it can also be found in works that claim to be scientific (e.g.

Chappey, 2025). Even in a well-documented work on resistance to vaccination with a much calmer style, when it comes to examining “Their arguments” (Jourdain, 2021, 117–135), the author ends up denouncing counterfeiters and does not say a word about the question of adverse effects, which is central to the arguments in question. In short, *in principle*, there can be nothing objective or indisputable about the criticisms of mass vaccination policies. As a *matter of principle*, all criticism of vaccines should be excluded from legitimate discussion. This is where the *taboo* comes in.

Historians of medicine, however, are often more circumspect. They are familiar with and distance themselves from the retrospective mythologising of Pasteur and the act of vaccination (Cadeddu, 1991; Geison, 1995). They know that while vaccines are pharmaceutical products, vaccination is often a political operation (to paraphrase the historian Anne-Marie Moulin), just as they know that “in the collective immunisation record, vaccination has had unequal successes depending on the disease, and sometimes bloody setbacks” (Moulin, 1996, 16; see also Fressoz, 2012, chap. 2; Bourdineaud, 2023, 199–213). In fact, one of the lessons of history is that vaccination is a particularly difficult technique to control and that adverse effects are consubstantial with the act of vaccination. The first of these effects (known as “vaccine failure”) has always been the unintentional inoculation of the pathogen responsible for the disease that was intended to be prevented. The historian of medicine Jean-Noël Biraben (1979), for example, clearly demonstrated this when he analysed the first vaccination campaigns in France, at the turn of the 18th and 19th centuries, against what was then known as “petite vérole” (now smallpox). The best-known case (which should be) is – oh sacrilege – that of Pasteur himself and his rabies vaccine (Decourt, 1988; Geison, 1995). Finally, it should also be remembered that the vaccine ideology once wreaked havoc in the colonies, where France claimed to be bringing its beneficent ‘civilisation’ to the ‘primitives’, and where mass pharmacological experiments sometimes turned into health disasters (Monnais-Rousselot, 1999; Hooper, 2000; Lachenal, 2014; Le Cour Grandmaison, 2014; Peiretti-Courtis, 2021; Green, 2022).

## Keeping pro- and anti-vax mirror-image ideologies at bay

In reality – and this seems to us fundamental to understand – pro-vaxism and anti-vaxism refer to two ideological configurations which have been constructed in mirror image and which make it singularly difficult to hold an a-ideological position (i.e. a scientific position). In these two ideological configurations, The Vaccine is written in the singular and with a capital letter, like *The Science* and *The Progress*. In the ‘pro-vaxist’ configuration, questioning the benefit/risk balance of any vaccine, particularly by taking too close an interest in adverse effects, is tantamount to betraying the very principle of vaccination. Symmetrically, it is inconceivable in the “anti-vaxist” configuration to say that a particular vaccine is indeed recommendable for the general population. Let us repeat: these two ideologies forbid the free exercise of the scientific mind.

And while there is an abundance of work on the opponents/resistors/resisters to vaccination, respect for the principle of symmetry requires us to question the vaccine ideology that developed throughout the 19th century and became established in France under the Third Republic.

This is the story of a long process of “ideological conditioning” of the population to the principle of mandatory vaccination, which the sociologist Claudine Marenco (1982, 1984) had the courage to study. “Throughout the 19th century, the battle for vaccination resembled a crusade”, she wrote (1984, 136). And this crusade did not begin at the end of the century with Pasteur's work, with the creation of the Central Committee for Vaccination in 1803. In studying it, Marenco shows how “the system of vaccinating children in France gradually imposed itself on the population to the point of becoming an unquestionable institution”. In addition to health objectives, the aim was “to impose a model of civilisation on resistant populations, to which vaccination contributed in the same way as compulsory secular public education” (ibid., 143). Finally, under the Third Republic, the politicisation of vaccination took on a supreme dimension when it was defined as “a patriotic act” and relied on the national education system to ensure its success. Vaccination thus became “part of the ideological framework of the schools of the Third Republic as a symbol of science” (ibid., 157), and history textbooks made a major contribution to establishing Pasteur as a “genius” and a “lay saint”, a “new hero replacing the traditional models of the soldier and the saint” (ibid., 158-159). The accompanying discourse is fundamentally moralistic: “hygiene represents ‘good’ overcoming ‘evil’” (ibid., 156). Finally, vaccination is presented as a moral imperative of solidarity: “vaccination is not only a duty for oneself, it is a duty for others (...) The negligence of one person threatens the community. The idea is so strong that it is absurd, and forms the basis of the reasoning that was widely used to justify compulsory vaccination, and is still used today, according to which a single 'non-vaccinated' person is likely to endanger a whole group of vaccinated people” (ibid., 156-157). Finally, by studying school textbooks, Claudine Marenco has shown the primacy of the ideological dimension of the principle of vaccination, which became compulsory in 1902: “if school books all mention vaccination, it is not to inform, to explain: nowhere is it presented as a means of protecting against a dreadful disease, nowhere is the history of its discovery mentioned, the principles on which it is based, the techniques used to implement it, its effects on morbidity and mortality. Vaccination, which is systematically associated with Pasteur, is part of a Manichean discourse opposing Progress, Science, Civilisation and the merits of the Republic (i.e. the Good) to the Evil represented by obscurantism, ignorance, barbarism, slavery and the ‘unfortunate regimes’ of the past. (...) Compulsory vaccination and education are, in a way, passports to the status of good republican citizen” (ibid., 161). Under the Third Republic, vaccination thus became a “civilising mission” and “ideological conditioning”. It was in no way an education in the sciences. The content was never discussed, and the medical act itself was reduced to “a shot”. An “act of faith”, vaccination thus becomes “a magical practice, conjuring up omnipresent obscure threats” (ibid., 162). Such are the moral-political structures of vaccine ideology, which were fully reactivated at the time of the Covid crisis.

### **Experts’ who confuse philosophical and/or political conviction with scientific demonstration**

Marenco’s analysis of the political construction of the vaccine ideology under the Third Republic is crucial. It allows us to understand why and how politics seized on a subject that enabled it to stage its own beneficial action and thus reinforce its own legitimacy, and how

some doctors played along by constructing a representation of the power of science in general, and of their own in particular. The great historian of medicine Jacques Léonard (1981) warned us of this more than forty years ago: “The geopolitical responsibilities of the State give doctors arguments to structure their legal monopoly. Their hygienist discourse on material and psychological well-being, both utilitarian and moralising, invaded the human sciences, reverberated in the ministerial antechambers and provided the elites with an alternative ideology. The intellectual ascendancy of positive science is being transmuted into biopower, enabling the medical profession to speak ever louder in the political arena. In each phase of this evolution, the doctors (...) settle into a strategic position between the multiple and complex powers in which they sometimes participate, and the fragile and unfinished knowledge whose implications concern them directly and, beyond their profession, affect the management of public health”.

History seems to be repeating itself, at least in part. The Covid crisis has given a new lease of life to the old scientific myth of humanity freed from its suffering by Science, the embodiment of both intellectual and moral progress. Knowledge of human beings and the precision of the technological tools available in vaccine medicine are certainly not the same at the beginning of the 21st century as they were in the middle of the 19th century. But the ideological structure has logically retained its simplicity. As another example, the public speeches (which were very well attended during the Covid crisis) and the recent book by Philippe Sansonetti (2017), a professor at the *Collège de France* and the *Institut Pasteur* with undoubtedly great technical skills in vaccinology, are still based on this Manichean rhetoric opposing the radiant future of a disease-free world thanks to vaccines and the apocalyptic past threatening to resurface in a world without vaccines. On one side science, progress and happiness, on the other obscurantism and suffering. In short, heaven and hell. In such a system of thought, there is no knowledge of health history (historical epidemiology shows that most of the major infectious diseases of the past disappeared in the West due to improvements in living conditions and hygiene among populations, before the introduction of most vaccines [see, for example, the summaries by Bystrianyuk, Humphries [2015], and Lorget [2018]), there is no room for reflection on the industrial partner essential to the implementation of vaccine policies (i.e. on the technical and financial issues involved in vaccine production), there is no real mastery of scientific information (people are so sure of themselves that they don't really need to confront the bibliography on retrospective evaluation of vaccine efficacy and safety in general populations), and there can be no real consideration of anything in empirical reality that contradicts this representation of the omnipotence of science and the fundamentally beneficial nature of its association with politics. Consequently, the question of the adverse effects of vaccines logically constitutes a blind spot, a cognitive dissonance as Leon Festinger (1957) would probably have said.

As far as anti-Covid vaccines are concerned, it's important to stress this one last time: the great “experts” chosen by politicians, whose words were omnipresent in the public debate during the Covid crisis, did not give an honest and impartial account of scientific knowledge. We have commented at length on the case of Alain Fischer, who was promoted to the position of chief expert on anti-Covid vaccination, and to some extent on that of Jean-François Delfraissy, Chairman of the “Covid-19 Scientific Council”.<sup>29</sup> Finally, let's mention that of infectiologist Karine Lacombe, a leading female figure in the media throughout the Covid crisis (who will be made a Chevalier de la Légion d'honneur in December 2020). We have

already mentioned (supra, note 16) her statements during the AstraZeneca affair, aimed at minimising the question of adverse effects as much as possible. Let's now return to the supposed "altruism" of anti-Covid vaccination, which lies at the heart of vaccine ideology. From a scientific point of view, we have known at least since October 2020 that mRNA and adenovirus vaccines against Covid were not designed to prevent transmission and that clinical trials were not designed to test this (Doshi, 2020). In France, the HAS also said as much in its initial opinions of February 2021. And the Pfizer representative (Janine Small, "President of International Developed Markets") had no difficulty in acknowledging this the following year during a debate organised at the European Parliament.<sup>30</sup> However, this did not stop Karine Lacombe declaring the opposite on 6 May 2021 on *BFM-TV*, to justify the extension of vaccination to the entire population: "We now know that vaccines prevent transmission of the virus (...) so this will really help to cut the chain of transmission of the virus. So we need a paradigm shift here. In other words, we're not just going to protect the weakest, but we're also going to protect those who are the most likely to transmit the virus, especially teenagers". To give even more weight to her appeal, she added: "We are waiting for the results of the therapeutic trials that have been published, which show efficacy and very good tolerance. So of course, vaccination should be available from the age of 12. (...) if possible this summer". The infectiologist was probably referring to the US CDC publication (Wallace et al., 2021) reporting the results of "a randomised, double-blind, placebo-controlled phase II/III clinical trial that has been expanded to enrol approximately 2,200 participants aged 12 to 15 years". This article itself referred to the data contained in the report published by the FDA in support of its emergency authorisation on 10 May, which Ms Lacombe clearly did not read (or has decided to ignore). In this report on Pfizer's clinical trial on adolescents, apart from the fact that there was no question of measuring transmission, it was found that mild AEs occurring within 7 days of the first dose were present in 86.6% of vaccinated patients compared with 24% of non-vaccinated patients, that systemic AEs occurring within 7 days of the second dose were present in 82.4% versus 40.7% of non-vaccinees, and that 4 serious AEs requiring hospitalisation (i.e. 0.2% of the 2,200 participants) occurred in the vaccine group versus none (an appendicitis that was difficult to attribute to the vaccine and resolved very quickly) in the placebo group (FDA, 2021, p. 24-30). Strictly speaking, this does not mean that the vaccine was "very well tolerated" and should therefore be administered as a matter of urgency to all adolescents.

A month later, the first cases of myocarditis following injections of Pfizer's vaccine were described in the medical literature (Tano et al., 2021; Singh et al., 2021), the prelude to a long series of scientific publications. On July 19, the European Medicines Agency (EMA) will add a new "safety signal" recognising myocarditis and pericarditis as potential adverse effects of mRNA vaccines, particularly in young men under the age of 30 after the second dose (EMA, 2021). Back in the media after the summer, Karine Lacombe repeated: "I recommend vaccination from the age of 12" (RMC, 14 September 2021). What's more, she claimed that "adolescents are at risk of developing serious forms of Covid", which has also been refuted by all the research available since 2020. Of all the standard statistical variables used to measure severe forms of Covid-19, the most decisive is precisely age, but old age... In reality, the risk of hospitalisation is nil before the age of 16 and virtually nil below the age of 20 (see, for example, DREES, 2022, p. 14). Decidedly...

## Conclusion

In the second half of 2021, following active propaganda imposing the anti-Covid vaccination by presenting it as a “scientific feat” as well as a fundamentally “altruistic” act, and demonising the “anti-vaxers” in return, the question of adverse reactions became a taboo. Journalist Christine Kelly (Europe 1, CNews) admitted as much in an interview on 22 September 2024. In response to the question “You can talk about any subject you like?”, she replied: “Almost, but not vaccines. It’s not a CNews question, it’s a delicate, particularly sensitive subject. I’m telling you the truth, it’s a very, very difficult subject to tackle”.<sup>31</sup> The control of information, or the lockdown of thought, has become almost perfect (Mucchielli 2024). The result is: on 3 October 2023, the recently appointed Minister for Health, Aurélien Rousseau, was interviewed on the national public radio station France Inter about a “new wave of Covid”. He began by stating the fundamental premise of vaccine ideology, reflected in the use of the singular: “Vaccination is prevention and it's progress right away”. Then, referring to the anti-Covid vaccines (for which a new distribution campaign was beginning as winter approached), he added, without the journalists interviewing him being in the least bit moved: “We have a vaccine which we now know about after 3 years, we know that it has no side effects, and so we have to go ahead with it”. And that was it (literally and figuratively): the subject simply didn’t exist.

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- <sup>1</sup> "Conférence de presse sur les mesures de lutte contre la Covid-19", Paris, Thursday 7 January 2021. Online available at: [https://www.info.gouv.fr/upload/media/default/0001/01/2021\\_01\\_discours\\_du\\_premier\\_ministre\\_-\\_mesures\\_contre\\_la\\_covid-19\\_-\\_08.01.2021.pdf](https://www.info.gouv.fr/upload/media/default/0001/01/2021_01_discours_du_premier_ministre_-_mesures_contre_la_covid-19_-_08.01.2021.pdf)
  - <sup>2</sup> Following the WHO classification, researchers generally distinguish three levels of severity: local AEs (essentially reactions at the injection site), systemic AEs (such as flu-like symptoms – severe fatigue, headache, fever –, nausea and vomiting) and finally severe AEs (those causing hospitalisation, disability or even death).
  - <sup>3</sup> In France, the alert appeared in the local press a few days later. By 19 January, 5 deaths had already been reported to the regional pharmacovigilance centres in connection with the Pfizer vaccine, all of them people aged over 75 with co-morbidities (M. Ciavatti, "Un mort en Languedoc-Roussillon, peut-être des effets indésirables du vaccin anti-Covid de Pfizer BioNTech", France Bleu. Montpellier, 19 January 2021 Online available at: <https://www.francebleu.fr/infos/sante-sciences/un-mort-a-montpellier-peut-etre-des-effets-indesirables-du-vaccin-anti-covid-de-pfizer-biontech-1611065552>
  - <sup>4</sup> For example: "Zusammenhang unwahrscheinlich. Institut prüft zehn Todesfälle nach Impfung", NVT, 14 January 2021.
  - <sup>5</sup> E. Lepage, B. Rocfort-Giovanni, "10 choses à savoir sur Alain Fischer, le "Monsieur Vaccin" du gouvernement", *Le Nouvel Obs*, 10 December 2020.
  - <sup>6</sup> M. Gingault, "Qui est Alain Fischer, nommé "Monsieur Vaccin" du gouvernement", *RTL.fr*, 4 December 2020.
  - <sup>7</sup> E. Lepage, B. Rocfort-Giovanni, "10 choses à savoir sur Alain Fischer, le 'Monsieur Vaccin' du gouvernement", *Op.cit.*

- <sup>8</sup> "Les hôpitaux de Brest et Morlaix suspendent la vaccination AstraZeneca des soignants", Le Télégramme, 11 February 2021; "Covid-19 : des soignants bretons victimes de nombreux effets secondaires après le vaccin AstraZeneca", La Dépêche, 12 February 2021. This issue will officially arise, but indirectly, when senators, questioned by unions in their constituencies, ask the Minister of Health why "hospital workers experiencing severe side effects following vaccination against COVID-19, requiring time off work" were sometimes put on sick leave and sometimes simply "authorized to be absent" (which does not have the same financial consequences): Senate, "Written question no. 22578 'Authorization of absence following severe side effects from COVID-19 vaccination for hospital workers' by Ms. Varailas Marie-Claude," April 29, 2021 (online). See also question no. 22812 ("Situation of hospital staff suffering from adverse side effects following their Covid-19 vaccination") by Mr. Merillou Serge, May 13, 2021 (online). Numerous retrospective studies also confirm the extent of the adverse effects experienced by hospital staff who were the first to receive COVID-19 vaccines in early 2021, for example in the Czech Republic (Abanou et al, 2021), Germany (Klugar et al. 2021), Japan (Shoji et al, 2024), and Sweden (Lidström et al, 2025).
- <sup>9</sup> <https://x.com/iciazur/status/1364528031444983808>
- <sup>10</sup> G. Rozières, "Vaccin AstraZeneca : comment la France s'est pris les pieds dans le tapis", HuffingtonPost.fr, 2 March 2021. Online available at: [https://www.huffingtonpost.fr/science/article/vaccin-astrazeneca-comment-la-france-s-est-pris-les-pieds-dans-le-tapis\\_177597.html](https://www.huffingtonpost.fr/science/article/vaccin-astrazeneca-comment-la-france-s-est-pris-les-pieds-dans-le-tapis_177597.html)
- <sup>11</sup> <https://x.com/pralainfischer/status/1364912787655454720> The underlined word in the quotation corresponds to a deliberate and perfectly audible oral accentuation, equivalent to italics, bold or underlining in a written document.
- <sup>12</sup> Let us stress in passing this question of transmission which, as we shall see, was not in fact studied by any of the industrialists who proposed "anti-Covid vaccines", even though it was at the heart of the political argument put forward by the public authorities and their medical "experts" (Mucchielli, 2022a, 94sq). This is the ubiquitous political slogan: "Don't be selfish, vaccinate yourself to protect others". The reality is that none of these vaccines was ever designed to prevent inter-individual viral contamination. These slogans were therefore in no way "based on science", contrary to what the government, journalists, "experts" and "influencers" invited to comment on the vaccination campaign have relentlessly asserted. The HAS opinion of 2 February 2021 (Op. cit.) had already pointed this out. For the record, the Chairman of the "Covid-19 Scientific Advisory Board", J.-F. Delfraissy, did not discover this until the end of 2021: "We realised that these vaccines provided little or poor protection against infection and transmission. I know it's hard for the public to understand, and it's hard for doctors to understand" (France Inter, "Le 7-9", 17 November 2021). Once again, this speaks volumes about the real mastery of scientific information among the government's leading "experts".
- <sup>13</sup> The highly unusual clarification comes at the end of the article: "The data used in this study are sensitive and will not be made public".
- <sup>14</sup> Bell's palsy is an immune system disorder causing swelling of the facial nerve and partial or total paralysis of the face.
- <sup>15</sup> Venous thrombosis is the formation of blood clots that partially or totally block blood circulation. This can lead to life-threatening phlebitis and pulmonary embolism.
- <sup>16</sup> The same is true of all the "medical experts" who have been omnipresent in the media during the crisis. For example, on 19 March 2021, infectiologist Karine Lacombe (head of department at Hôpital Saint-Antoine, Paris) told France Inter radio that the adverse effects of AstraZeneca's vaccine were "absolutely minor in more than 98% of cases" and that the number of thromboses in vaccinated people was "no higher than in the non-vaccinated population". On 6 May, on the BFM-TV television

channel, she adapted her remarks, this time acknowledging that "a few cases of thrombosis have been reported", but that this constituted "an extremely, extremely, rare event, and like any medicine there can be side effects, so we have to know how to take that risk when the public health interest is greater". It therefore recommended continuing to vaccinate with AstraZeneca, and even continuing to do so from the age of 18. The previous day, however, *Le Monde* had just reported on the case of a 24-year-old medical student, Anthony Rio, who died of thrombosis on 18 March, ten days after being vaccinated with AstraZeneca, the causal link having been confirmed by an autopsy (Y. Gauchard, "Mort d'un étudiant nantais: l'autopsie renforce l'hypothèse d'un lien de causalité entre l'injection d'AstraZeneca et le décès", *Le Monde*, 5 May 2021). Mathieu Molimard, professor of clinical pharmacology at Bordeaux University, another of the media's ubiquitous "leading experts", declared on 23 March that "the risk of adverse reactions to vaccines is extremely low. The risk of severe allergy is 1/100,000; the risk of thrombosis, if it exists, is much lower still. The individual benefit for under-40s is admittedly lower than for older subjects, but far greater than the risk of serious adverse reactions. In addition, there is the collective benefit of stopping the circulation of the virus through the collective immunity provided by vaccination, which is difficult to achieve through spontaneous infection" ("Le faible nombre de cas de troubles graves ne remet pas en globalement le rapport bénéfice/risque du vaccin d'AstraZeneca", *Le Monde*, 23 March 2021 [online]). Again, this inter-individual viral transmission is allegedly blocked by the vaccine, and the risk of AEs is said to be so negligible that there is no point in talking about it. A week earlier, the same so-called "expert," omnipresent in the media, stated: "We have no cause for concern about the AstraZeneca vaccine" (*L'Express*, March 16, 2021. Online available: [https://www.lexpress.fr/sciences-sante/sciences/vaccin-astrazeneca-nous-n-avons-pas-de-signal-inquietant\\_2146884.html](https://www.lexpress.fr/sciences-sante/sciences/vaccin-astrazeneca-nous-n-avons-pas-de-signal-inquietant_2146884.html))

<sup>17</sup> "AstraZeneca: la France suspend l'utilisation du vaccin contre le Covid-19 et le validera 'si l'autorité européenne le permet'", *Le Monde*, 15 March 2021.

<sup>18</sup> In the meantime, we learn from an article in the regional press that the French government, far from showing any caution, will go so far as to recover batches of doses withdrawn by Austria and administer them to French citizens (B. Bossard, "Covid-19: des vaccins du lot AstraZeneca retiré en Autriche ont été injectés à Blois", *La Nouvelle République*, 12 March 2021. Online available at: <https://www.lanouvellerepublique.fr/blois/covid-19-le-lot-de-vaccin-astrazeneca-retire-en-autriche-a-ete-injecte-a-blois>)

<sup>19</sup> European Commission, "Coronavirus: Commission signs first contract with AstraZeneca", Press release, 27 August 2020. Available at: [https://ec.europa.eu/commission/presscorner/detail/fr/ip\\_20\\_1524](https://ec.europa.eu/commission/presscorner/detail/fr/ip_20_1524)

<sup>20</sup> The rest of the story of public procurement of vaccines against Covid should be mentioned. The American company Pfizer and the European Commission had already negotiated two contracts for the purchase of 300 million doses of "anti-covid vaccine" each, in November 2020 and February 2021, for a total of €9.3 billion (at €15.5 per dose). But in May 2021, U. Von der Leyen negotiated a third contract for 1.8 billion doses directly and by private SMS with Albert Bourla (Pfizer CEO) for a total of €35.1 billion (at €19.5 per dose, an increase of 26%), with Pfizer ultimately taking 62% of the market and pocketing €44.4 billion (Baldan, 2024). In all, the European Commission will have spent 71 billion euros on the purchase of 4.6 billion doses of vaccines, or more than 10 doses per EU inhabitant...

<sup>21</sup> An acute inflammatory autoimmune disease of the nervous system causing paralysis.

<sup>22</sup> European Commission, "Coronavirus: EU and AstraZeneca reach agreement on supply of COVID-19 vaccines and end of dispute", Press release, 3 September 2021. Available at: [https://ec.europa.eu/commission/presscorner/detail/fr/ip\\_21\\_4561](https://ec.europa.eu/commission/presscorner/detail/fr/ip_21_4561)

- <sup>23</sup> M. Brunet, "Un nouveau nom pour le vaccin AstraZeneca : "On ne change pas ce qu'on vend en repeignant la façade du magasin"", Marianne, 31 March 2021.
- <sup>24</sup> "AstraZeneca withdraws its Covid-19 vaccine from sale for 'commercial reasons'", Le Monde, 8 May 2024.
- <sup>25</sup> "Covid-19: des États se débarrasserent de leurs doses du vaccin AstraZeneca", FranceInfo.fr, 27 April 2021; L. Barnéoud, "Covid-19: le grand gaspillage des vaccins périmés", Le Monde, 20 March 2022.
- <sup>26</sup> Quoted in "En France, le vaccin d'AstraZeneca sert désormais exclusivement à alimenter Covax", Le Monde, 9 September 2021.
- <sup>27</sup> In this regard, it is important to remember that the vaccine hesitancy in question is also the subject of scientific literature ignored by all the "experts" appearing in the media. And the main result of this research has nothing to do with the figure of the "anti-vax", a kind of irrational, extravagant, anti-social being with the most absurd magical beliefs, which all these media commentators have constructed. Research indicates, in all the countries where it has been carried out, that the primary motivation of citizens (including health professionals) hesitating to be injected with an anti-Covid vaccine is the fear of adverse effects and therefore of a benefit/risk balance which is not favourable to them (see for example: Aw et al. 2021; Griffith et al. 2021; Robertson et al. 2021; Solís Arce et al. 2021; Okezie, 2022; Steinert et al. 2022; Najjar et al. 2023; Luyt et al. 2025). It should be added that, depending on the country, the proportion of people who are reluctant to be injected with a vaccine against Covid varies considerably, but in a country the size of France we are talking about more than 10 million of people.
- <sup>28</sup> On 29 October 2021, fifteen departmental council presidents wrote to the Prime Minister to tell him that if the State no longer wished to pay these staff, they would not pay them the RSA either ("Quinze présidents de département refusent de payer le RSA aux non-vaccinés privés d'emploi", Francetvinfo, 31 October 2021). So it was a case of starving people and not simply "pissing them off", as President E. Macron took the liberty of saying in Le Parisien/AUjourd'hui en France on 4 January 2022. The President's full comment was: "I really want to piss off the non-vaccinated. So we're going to keep on doing it, right to the end. That's the strategy. (...) And so, we have to tell them: from 15 January, you can no longer go to the restaurant, you can no longer go for a drink, you can no longer go for a coffee, you can no longer go to the theatre, you can no longer go to the cinema... The immense moral fault of the antivaxers: they are undermining what is the solidity of a nation. When my freedom threatens that of others, I become irresponsible. An irresponsible person is no longer a citizen" [emphasis added]. The aim was to deprive the non-vaccinated of citizenship, and therefore of all the fundamental rights that go with it. All this amounted to a major denial of democracy, vertiginous even in many respects (Schouler, Mucchielli, 2022).
- <sup>29</sup> Whose role was secondary on the issue of vaccines, whereas it was predominant on most others.
- <sup>30</sup> This gave rise to numerous comments which, in France, a large part of the press tried to play down. The opinions of the various parties are of little importance to us here. We are only interested in the empirical observation that "the fact that clinical trials do not evaluate the effect of the vaccine on transmission has never been a secret and was explained in communications from health authorities and press articles" ("Covid : Pfizer a-t-il 'révélé' que l'effet du vaccin sur la transmission n'avait pas été évalué avant sa mise sur le marché ?", Libération, 13 October 2022 Available at: [https://www.liberation.fr/checknews/covid-pfizer-a-t-il-revele-que-leffet-du-vaccin-sur-la-transmission-n-avait-pas-ete-evalue-avant-sa-mise-sur-le-marche-20221013\\_WBRVSCEEEZCWJI36B6LOQWXQSI/](https://www.liberation.fr/checknews/covid-pfizer-a-t-il-revele-que-leffet-du-vaccin-sur-la-transmission-n-avait-pas-ete-evalue-avant-sa-mise-sur-le-marche-20221013_WBRVSCEEEZCWJI36B6LOQWXQSI/)
- <sup>31</sup> YouTube channel "Les incorrectibles", 22 September 2024. Available at: <https://lesincorrectibles.substack.com/episodes/FdfddHIocPb>

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