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Short Communication

Do we need a Compulsory COVID-19 Vaccination? -

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Survey showed about 39% of persons would not get a COVID-19 vaccine because of various reasons: of skeptical about the Warp Speed of the vaccine manufacture; of possible health risks such as allergy; of not wanting to have a COVID-19 vaccination; or of scientific-based decisions [1]. Compulsory COVID-19 vaccinations can be a hot issue in this sense not only in the civilian society-nearly 30% of healthcare workers and most of NBA players turned down the COVID-19 vaccinations-but also in the government spheres, and even in the military areas-about one-third of U.S. soldiers opted out of the COVID-19 vaccinations [2].

European Parliament passed the Resolution 2361 on January 2021 regarding the ethical, legal and practical aspects of COVID-19 vaccines and decided that the COVID-19 vaccination should neither be mandatory as booked in the Clause 7.3.1. of the Resolution 2361 nor be discriminatory against for not having been COVID-19 vaccinated as recorded in the Clause 7.3.2 [3]. Even in a notable democratic liberal state-New York, employers should prove "significant difficulty or expense" to overcome or deny an employee's religious observance [4].

There are strong waves to enforce COVID-19 vaccinations and digital health passports in using public facilities including hotels, sports centers, libraries, markets, schools, mass transporting systems, and in crossing international borders [5]. But antipathy to compulsory COVID-19 vaccinations and digital health passports, and also anti-coerced COVID-19 vaccination movements are strong enough to hold many demonstrations worldwide, and in this sense, at least several things must be addressed before the implementation of mandatory COVID-19 vaccinations and COVID-19 vaccine passport: first, upholding human rights and protecting privacy data; second, guaranteeing of absence of SARS-CoV-2 transmission by COVID-19 vaccinations and/or by digital health passports; third, establishing a system to compensate and support victims of COVID-19 vaccinations-disabilities, disastrous injuries such as Monsterism which occurred in 0.02% of the vaccines [6], Bell's palsy, transverse myelitis, miscarriages or pre-term births, thrombocytopenia, heart attacks, or cerebral strokes [7], financial losses, PTSD (Post-Traumatic Stress Disorder) s, and deaths; fourth, protecting and not discriminating against COVID-19 non-vaccinees of religious belief or of physical conditions; fifth, providing non-pharmacologic & pharmacologic prevention and treatment methods in every COVID-19-damaged country to replace or minimize the mandatory COVID-19 vaccinations and supporting the preexisting human immunities which are existing even before the COVID-19 vaccinations as reported in Singapore (51.4%) [7], Germany (81%) [8], and South Korea (60%) [9]; sixth, clarifying the constituents of COVID-19 vaccines is necessary because there were reports that Facebook CEO Mark Zuckerberg commented that the COVID-19 vaccines might change human DNA and RNA [10], that Anthony Fauci challenged that vaccines using replication-defective adenovirus vectors might increase HIV infection [11], that some COVID-19 vaccines might cause infertility in women [12], and that cadmium, which would be a core-portion of a semi-conductor quantum dot which can be connected to 5G Wi-Fi, was found in a vaccine and COVID-19 vaccines also need to be tested to see if they have any metals, which are unnecessary for the function of a typical vaccine [13]; and seventh, doing animal tests to explore the long-term effects, pathophysiologic effects, genetic effects of the COVID-19 vaccines and to find treatment methods for sequelae of the COVID-19 vaccinations because, of note, all Warp Speed COVID-19 vaccines did not have long-term animal studies and were permitted for Emergency Use only.

In summary, a survey showed about 39% of persons would not get a COVID-19 vaccine. As there are strong waves to enforce COVID-19 vaccinations and digital health passports so do strong anti-coerced COVID-19 vaccination movements. Lots of controversies regarding the compulsory COVID-19 vaccines and related things were summarized in table 1 into four different spheres. There is a better alternate to COVID-19 vaccine for the prevention of COVID-19, which is *Corona prevention cocktail* and/or Ivermectin. Relative risk reduction, Absolute risk reduction, and Number needed to treat of current four Warp Speed COVID-19 vaccines were introduced in table 2.

Table 1: A summary of four Aspects of COVID-19 vaccines.

Pros (Vaccine effectiveness)	Cons (Vaccine Adverse Events Reports)
1) Pfizer vaccine- 95% [14]. 2) Moderna vaccine - 94.1% [15]. 3) Johnson & Johnson-90% (1st dose), 100% (2nd dose) [16]. 4) AstraZeneca-70.4% (58.9% against asymptomatic infection) [17]. 5) Rates of adverse events following COVID-19 vaccination-stable; all-cause mortality following COVID-19 vaccination-lower than that of the background [18].	1) The 2nd dose of vaccine would increase 3.46-fold of adverse event than the 1st dose of 1.3 deaths/100,000/6 weeks [19]. 2) People of the countries of lower than 4.49 (or 1.3 x 3.46) deaths/100,000/6 weeks (or 30 out of 58 countries or 44.8% of 5.8 billion people) has a lower risk of death associated with COVID-19 disease than that of COVID-19 vaccinations [19] 3) Even before COVID-19 vaccinations, 51.4~81% people have protective immunity against COVID-19 as seen in Singapore (51.4%) [7], Germany (81%) [8], and Republic of Korea (South Korea, 60%) [9] 4) There are 3- to 30-fold of other adverse events as bad as deaths [19] 5) COVID-19 vaccine makers are immune from legal, ethical, or financial liabilities [12]. No actual compensation system. We should be informed citizens to fight against COVID-19.
Challenges against the compulsory COVID-19 vaccinations	**Proposals for the prevention of transmission and death of COVID-19**
1) The effectiveness of Pfizer vaccine was suggested to be 19% or 29%-too small to get an Emergency Use Authorization (EUA) for COVID-19 vaccines of 50% effectiveness [20]. 2) Vaccine trials did not answer whether the vaccine can prevent the transmission of severe form of COVID-19 or the COVID-19 death [20]. 3) A November 2020 survey showed that 39% would opt out a COIVD-19 vaccine [1]. 4) Real Case Fatality Rate (CFR) of COVID-19 would be akin to 0.1% and when the CFR is low there is little need for a vaccine [21]. 5) COVID-19 vaccines could be useless for endlessly modifying strains [22].	1) Adopt the newly introduced COVID-19 diagnostic criteria of the WHO [23]. 2) Adopt non-pharmacological & pharmacological measures focused on the COVID-19 vulnerable instead of total lock-down [24]. 3) Adopt *Corona treatment cocktail* ([Vit C 12 g/d + Vit D 10,000 IU/d + Zinc 100 mg/d + HCQ 400 mg/d] for 5 days + Azithromycin 500 mg/d for 3 days) [24] or/and ivermectin 200 μg/Kg on day 1 (and day 7) [25]. 4) Adopt *Corona prevention cocktail* ([Vit C 3 g/d + Vit D, 5,000 IU/d + Zinc 50 mg/d] everyday + HCQ, [400 mg/week]) for long-term [24] or Ivermectin for short-tern 5) Adopt Exo-CD24 for treatment of cytokine storm cases of COVID-19 [26].

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Table 2: Relative risk reduction, absolute risk reduction, and number needed to treat of the current four Warp Speed COVID-19 vaccines and an alternative prevention of *Corona prevention cocktail* & Ivermectin.

A method for the prevention of COVID-19				A better alternate
COVID-19 Vaccines	**RRR (Relative Risk Reduction)**	**ARR (Absolute Risk Reduction),**	**NNT (Number Needed to Treat)**	**Corona prevention cocktail & Ivermectin**
BNT162b2 Pfizer	(162-8)/162 = 95.1% [14]	154/21,270 = 0.72%	138.1 persons	Vit C + Vit D, [r = - 0.44 between COVID-19 occurrence and Vit D concentration, p = 0.05] [27] + Zinc [indirect evidence of zinc deficiency persons have poorer outcomes] [28] + HCQ, [36% prevention in post-exposure conditions, p < 0.006]) [24,29] and/or Ivermectin [two-dose of 300 µg/Kg made 73% prevention of COVID-19 infection, p = 0.00] [30]
mRNA-1273 Moderna	(185-11)/185 = 94.1% [15]	174/15,210 = 1.14%	87.4 persons	
Ad26.COV2.S Johnson & Johnson	Neutralizing antibody were detected in 90% on day 29, 100% by day 57, and remained at least day 71 [16].			
ChAdOx1 nCoV-19 AstraZeneca	(30-3)/30 = 90% [17] (1^{st} dose of 2.2 x 10^{10} & 2^{nd} dose of 5 x 10^{10} viral particles, aged 18-55 years)	27/1367 = 1.97%	50.6 persons	
	Control groups were injected with meningococcal vaccines or saline [17].			
Complications	Deaths (1^{st} dose: 1.3 deaths/100,000/6 weeks; 2^{nd} dose: 4.49 deaths/100,000/6 weeks) [19], Bell's palsy, transverse myelitis, miscarriages or pre-term births, thrombocytopenia, heart attacks, or cerebral strokes, PTSD, Monsterism [6].			Vit D toxicity, Zinc toxicity, HCQ side effects, Ivermectin side effects,
Compensation or Reimbursement	No and Impossible [12].			Maybe impossible.

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