VAERS ANALYSIS (one of several pieces of evidence)

Submitted as evidence for UK crime no. 6029679/21.

Summary of findings

Part 1: The following analysis shows that the SARS Cov 2 vaccine is approximately 91 times more deadly than the flu vaccine.

Part 2: The analysis also highlights the number of adverse events associated with each SARS Cov 2 vaccine manufacturer and shows that serious adverse events including death occur for each manufacturer. While these adverse events occur across a wide range of vaccine batch numbers, there are some batch numbers that show a disproportionately high number of serious adverse events.

Part 1: Comparison of SARS Cov 2 vaccine with Flu vaccine

Preliminaries – VAERS Data

This analysis uses the US Vaccine Adverse Events Reporting System (VAERS) data [https://vaers.hhs.gov/data/datasets.html]. Unfortunately, the UK equivalent system, known as the Yellow card system, [https://coronavirus-yellowcard.mhra.gov.uk], does not make historical data available for analysis.

The VAERS data comes with lots of caveats and it is very important to understand these when performing analysis. For example, it is expected that not all vaccine adverse events are reported on the system and conservative estimates suggest that only 10% of events are reported which would mean that all numbers reported in this statement should be multiplied by 10. This multiplier is referred to as the under-reporting factor.

Other very detailed analysis by Steve Kirsch suggests that the under-reporting factor is as high as 41. This means that all figures reported here should be multiplied by 41 [https://www.skirsch.com/covid/Deaths.pdf].

VAERS data, going back to 1990, is available for members of the public to download and a comprehensive user manual explains the meanings of the data fields and how to interpret the data. [https://vaers.hhs.gov/docs/VAERSDataUseGuide_en_September2021.pdf]
For the purpose of this analysis, I define **All Adverse Events** as being composed of **Serious Adverse Events** and **Less Serious Adverse Events**.

Serious Adverse Events refers to 3 categories of adverse event:

1. adverse events that resulted in death;
2. adverse events that resulted in hospitalisations; and
3. adverse events that resulted in life threatening conditions

Less Serious Adverse Events refers to all other adverse events.
The analysis covers the period from the start of the SARS Cov 2 vaccine rollout, mid December 2020 up to 30 November 2021.

The analysis also uses Flu vaccine adverse events from the previous year when the SARS Cov 2 vaccine was not available but the SARS Cov 2 virus was present in the population, 01 January 2020 to 13 December 2020.

Adverse events analysis

Methodology

The following gives a data driven view of the extent to which the SARS Cov 2 vaccines cause adverse events compared with the conventional flu vaccine.

The analysis compares adverse events reported for the SARS Cov 2 vaccine over the period since the start of the vaccine roll out in the US: 14 December 2020 to 30 November 2021 (approximately 11.5 months), to the adverse events reported for the Flu vaccine, 1 year earlier, over the period: 01 January 2020 to 13 December 2020 (also, approximately 11.5 months).

It is important to note that the SARS Cov 2 virus was present in the population for both time periods, but the SARS Cov 2 vaccine was only present in the later time period.

This means that the potential effect of the SARS Cov 2 virus on adverse events is the similar for both time periods.

According to the CDC, approximately 50% of the US population was vaccinated with the Flu vaccine over the time period analysed and approximately 70% of the US Population was vaccinated for SARS Cov 2 over the time period analysed.

US Flu vaccination up-take data can be found at:
https://www.cdc.gov/flu/fluvaxview/interactive.htm

US SARS Cov 2 vaccination up-take data can be found at:
https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total

If we treat the level of adverse events associated with the Flu vaccine as the 'gold standard', then we can compare SARS Cov 2 vaccine adverse events to this and get an insight into its relative safety/danger.

Given that we know the percentage of the US population that took the Flu vaccination, and given that we know the percentage of the US population that took the SARS Cov 2 vaccination, we can make meaningful comparisons between the two while taking account of vaccine up-take differences in the two groups.

Analysis

Figure 1 below gives a summary of the adverse events reported as a consequence of the SARS Cov 2 vaccines. There is a total of 50064 serious adverse events and 614681 less serious adverse events giving an overall total of 664745 adverse events. These figures cover the time period since the start of the vaccine roll out in the US [14 December 2020 to 30 November 2021 (approximately 11.5 months)]

Adverse Event Type	People affected
Deaths	8898
Hospitalisations	31303

Life Threatening	9863
Total Serious Events	50064
Less Serious Events	614681
Total Adverse Events	664745

Figure 1: SARS Cov 2 vaccines - Adverse Events

As the VAERS system reports on all vaccines, we can compare the above with the Adverse events reported for the Flu vaccine. In order to avoid ambiguity between the effects of the SARS Cov 2 vaccines and the Flu vaccines, we can choose the same time duration but 1 year earlier: 01 January 2020 to 13 December 2020 (also, approximately 11.5 months).

For all intents and purposes, the only difference between these two time periods is the presence of the SARS Cov 2 vaccine. Everything else is the same. It is the same population demographic, it is the same time duration (11.5 months) and the SARS Cov 2 virus was present in both cases.

Figure *2* below gives a summary of the adverse events reported as a consequence of the Flu vaccine, approximately 1 year earlier.

Adverse Event Type	**People affected**
Deaths	70
Hospitalisations	279
Life Threatening	87
Total Serious Events	436
Less Serious Events	10512
Total Adverse Events	10948

Figure 2: Flu vaccines - Adverse Events

Comparison of the raw numbers between the two vaccines is very alarming.
It could be argued that the reason for the much smaller number of Flu adverse events is a consequence of the Flu vaccine up-take. However, as noted above, approximately 50% of the US population was vaccinated for Flu over the analysis time period.

Similarly, as noted above, approximately 70% of the US population has received at least 1 dose of SARS Cov 2 vaccine.

Therefore, if we expect that the safety of the SARS Cov 2 vaccine should be similar to that of the 'gold standard' Flu vaccine, we would expect the adverse event numbers for SARS Cov 2 vaccine to be only 1.4 times more than the figures for the Flu vaccine because 1.4 times more people have received the SARS Cov 2 vaccine.

The 1.4 factor comes by dividing the percentage of population vaccinated for SARS Cov 2 by the percentage of the population vaccinated for Flu, i.e. (70/50 = 1.4).

Implications
Adjustment for population up-take of the Flu vaccine allows us to make direct comparisons between the two vaccines, as if the vaccine up-take was the same for both groups.
Figure 3 below gives the adverse event figures for the SARS Cov 2 vaccine and the Flu vaccine taken from Figures 1 & 2 above (columns A and C). It also gives the Flu vaccine adverse events figures for the adjusted case reflecting what these figures would be expected to be if the up-take of the Flu vaccine had been 70%, i.e. the same as the SARS Cov 2 vaccine, Column B.

A SARS Cov 2 Vaccine additional risk factor (column D) can be calculated by dividing Column C by Column B

	Flu Vaccine		SARS Cov 2 Vaccine	
Adverse Event Type	**People affected 50% up-take**	**People affected if the up-take was 70%**	**People affected 70% up-take**	**SARS Cov 2 Vaccine additional risk factor**
	A	B	C	D
Deaths	70	98	8898	91
Hospitalisations	279	391	31303	80
Live Threatening	87	122	9863	81
Total Serious Events	436	610	50064	82
Less Serious Events	10512	14717	614681	42
Total Adverse Events	10948	15327	664745	43

Figure 3: Calculation of SARS Cov 2 Vaccine additional risk factor

The calculation shows that:

1. a person is 91 times more likely to die as a consequence of taking a SARS Cov 2 vaccine compared with a flu vaccine.

2. a person is 80 times more likely to be hospitalised as a consequence of taking a SARS Cov 2 vaccine compared with a flu vaccine.

3. a person is 81 times more likely to develop a life threatening condition as a consequence of taking a SARS Cov 2 vaccine compared with a flu vaccine.

4. a person is 82 times more likely to experience a serious adverse event as a consequence of taking a SARS Cov 2 vaccine compared with a flu vaccine.

5. a person is 42 times more likely to experience a less serious adverse event as a consequence of taking a SARS Cov 2 vaccine compared with a flu vaccine.

The above analysis clearly demonstrates that the SARS Cov 2 vaccine is significantly more dangerous than the conventional flu vaccine.

As mentioned above, it important to keep in mind that the actual figures are almost certainly under reported. The actual figures could 10 to 40 times higher.

The fact that the SARS Cov 2 vaccine is roughly 91 times more likely to result in death compared with the flu vaccine is surely a serious cause for concern.

Part 2: Analysis of Adverse Events by Manufacturer and Batch number

The following analysis looks at serious adverse events caused by Pfizer, Moderna and Janssen.

There are 9 charts altogether corresponding to the 3 serious adverse event types (death, hospitalisation and life threatening event) for each of the 3 pharmaceutical companies. These are attached at **Appendix 1**.

Each chart tells a similar story:

1) The charts demonstrate that there is a relatively large number of vaccine batches (also referred to as vaccine lots, or VAX_LOT) associated with a given adverse event.

2) It shows that there are batches where there are significantly more adverse events than that which would reasonably be expected. This may indicate an issue with vaccine production.

3) For Chart 1 below it can be seen that the worst batch, EN6201, is associated with 135 deaths whereas the average number of deaths per batch is 13.

4) For this example, there was a total of 4840 deaths across 362 vaccine batches.

It can be seen that all 9 charts follow a similar pattern as described.

Appendix 1: Series of 9 Charts

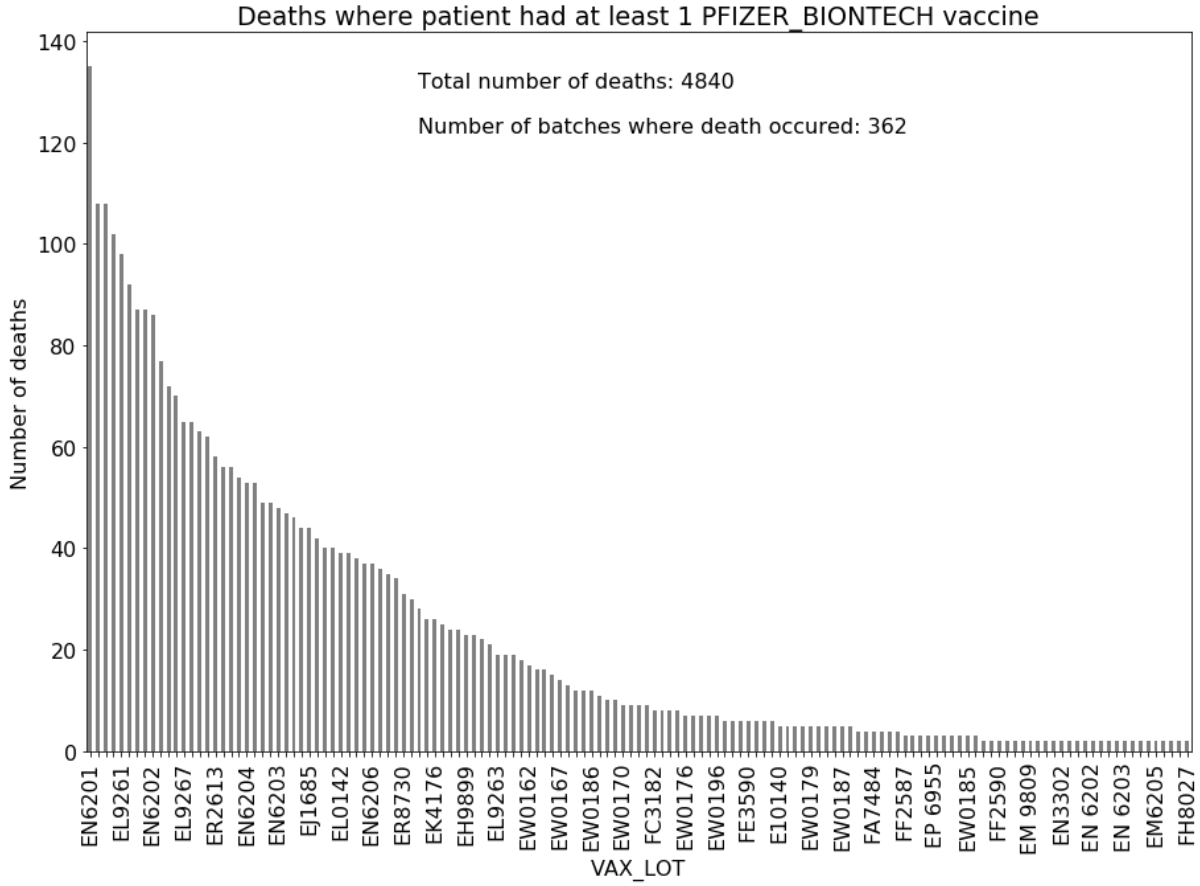

Chart 1: Number of deaths across vaccine batches, patient had at least 1 Pfizer vaccine

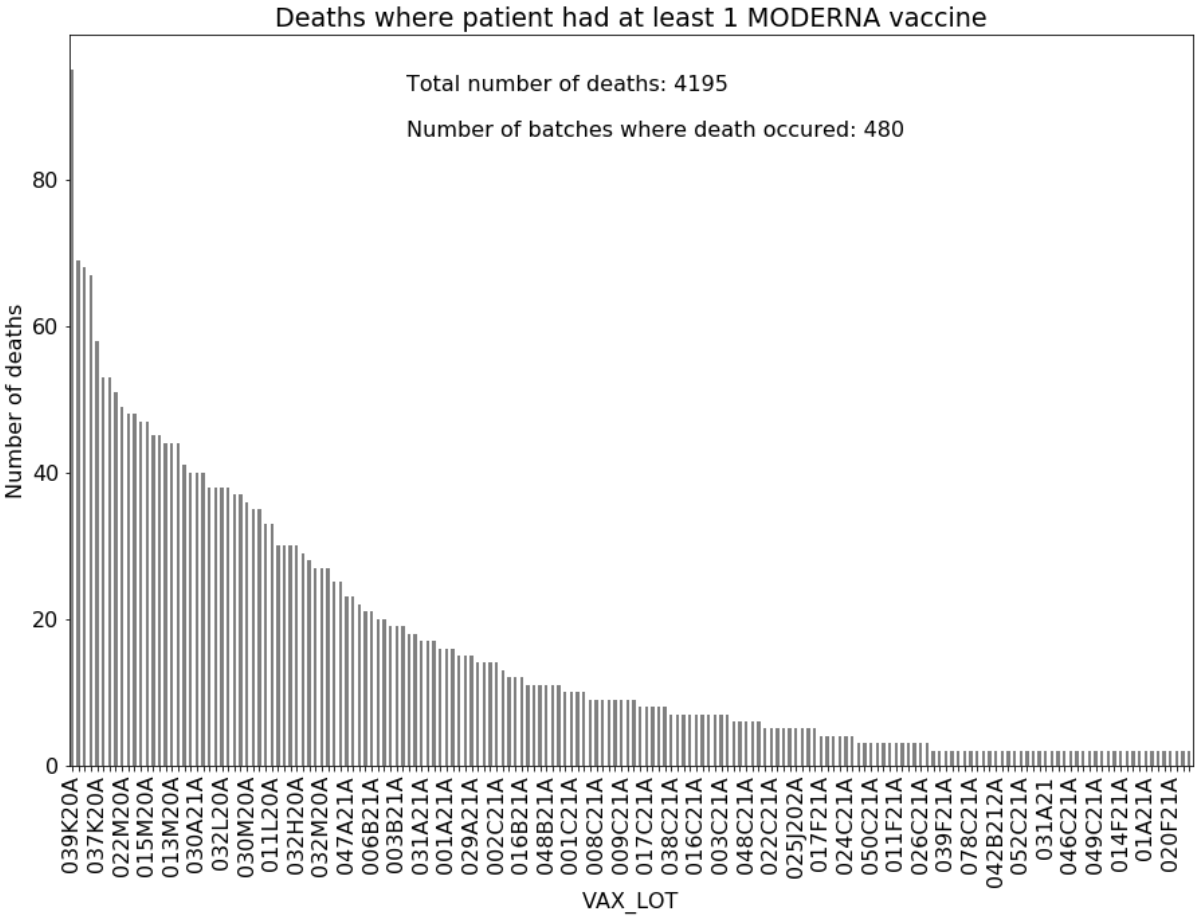

Chart 2: Number of deaths across vaccine batches, patient had at least 1 Moderna vaccine

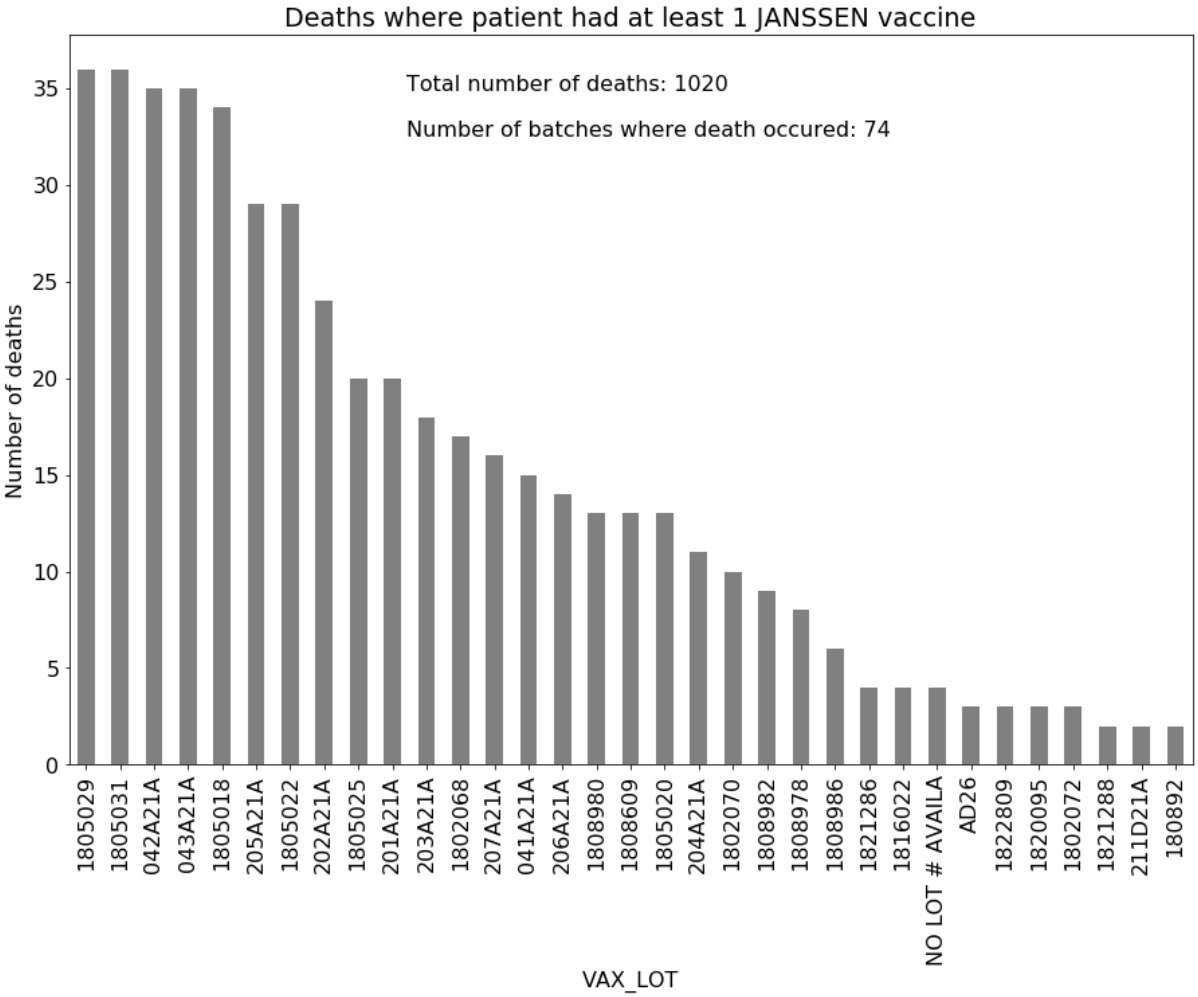

Chart 3: Number of deaths across vaccine batches, patient had at least 1 Janssen vaccine

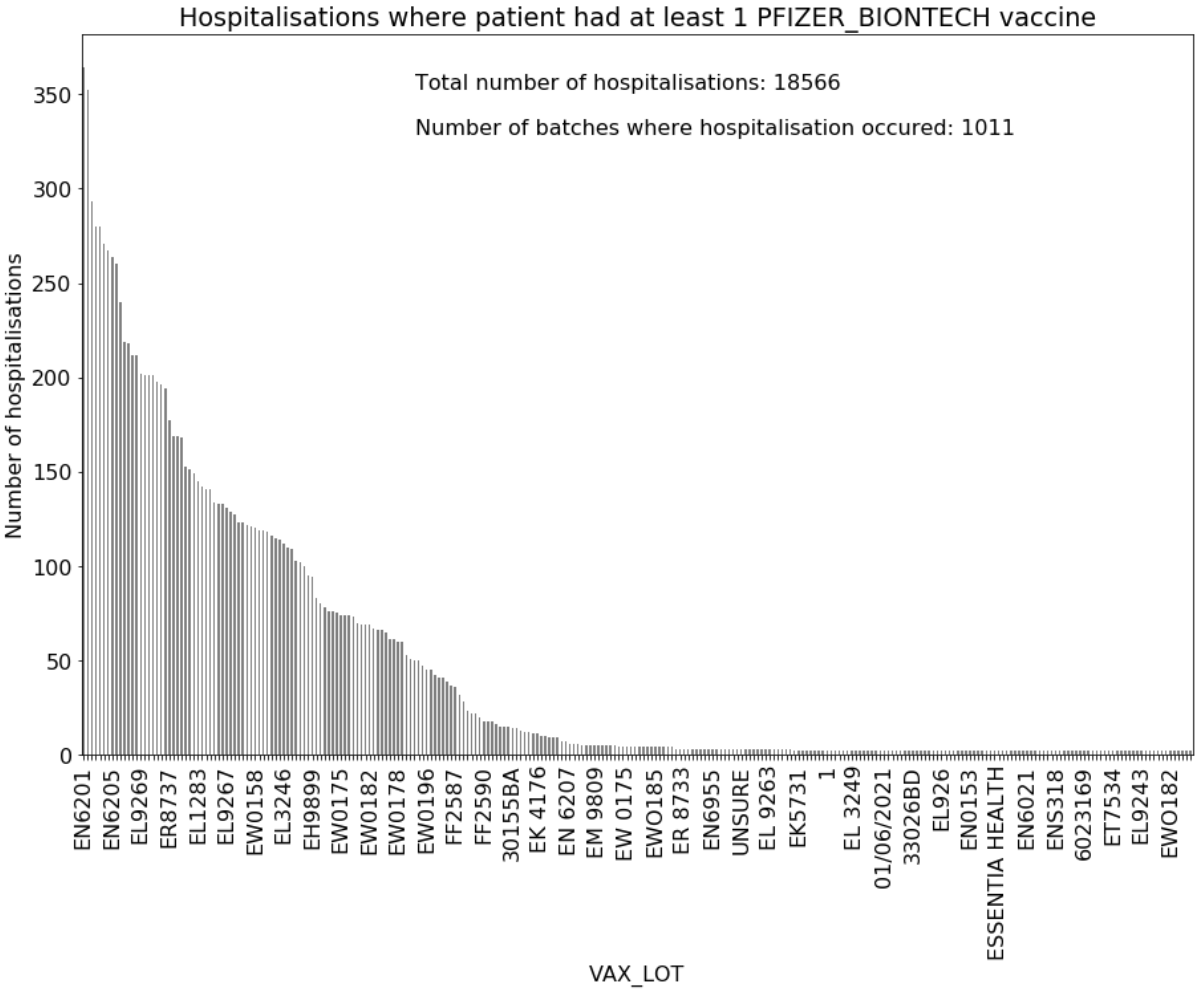

Chart 4: Number of hospitalisations across vaccine batches, patient had at least 1 Pfizer vaccine

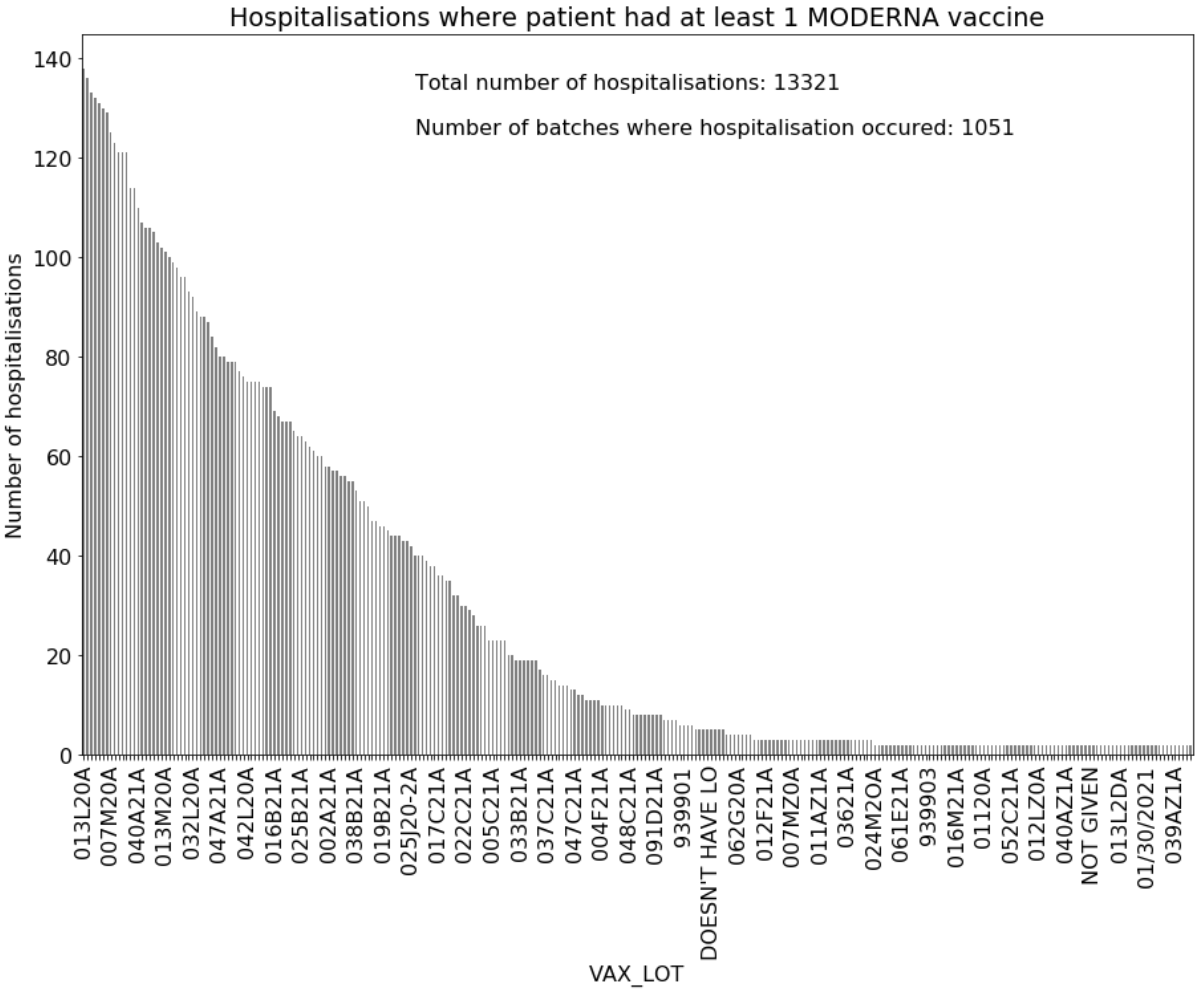

Chart 5: Number of hospitalisations across vaccine batches, patient had at least 1 Moderna vaccine

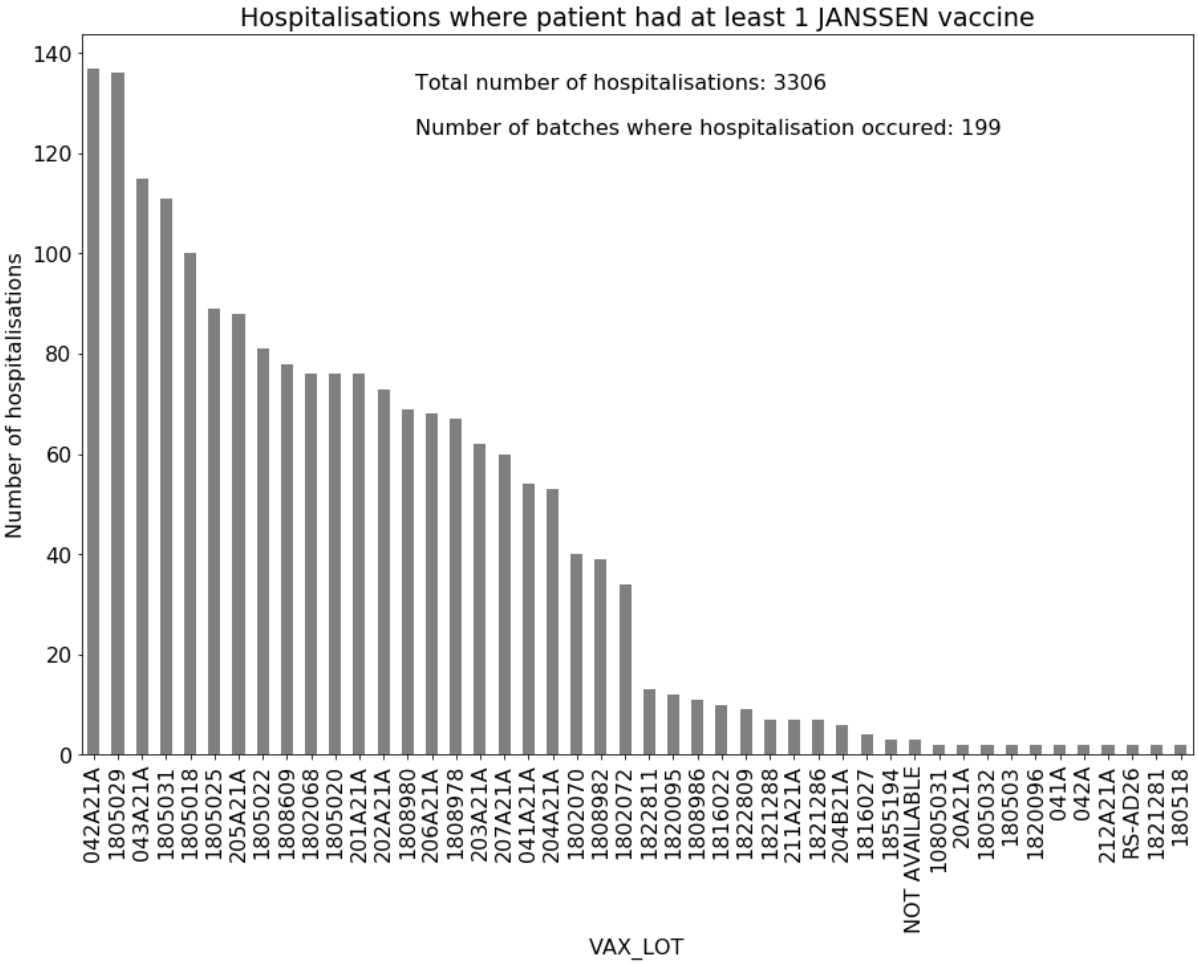

Chart 6: Number of hospitalisations across vaccine batches, patient had at least 1 Janssen vaccine

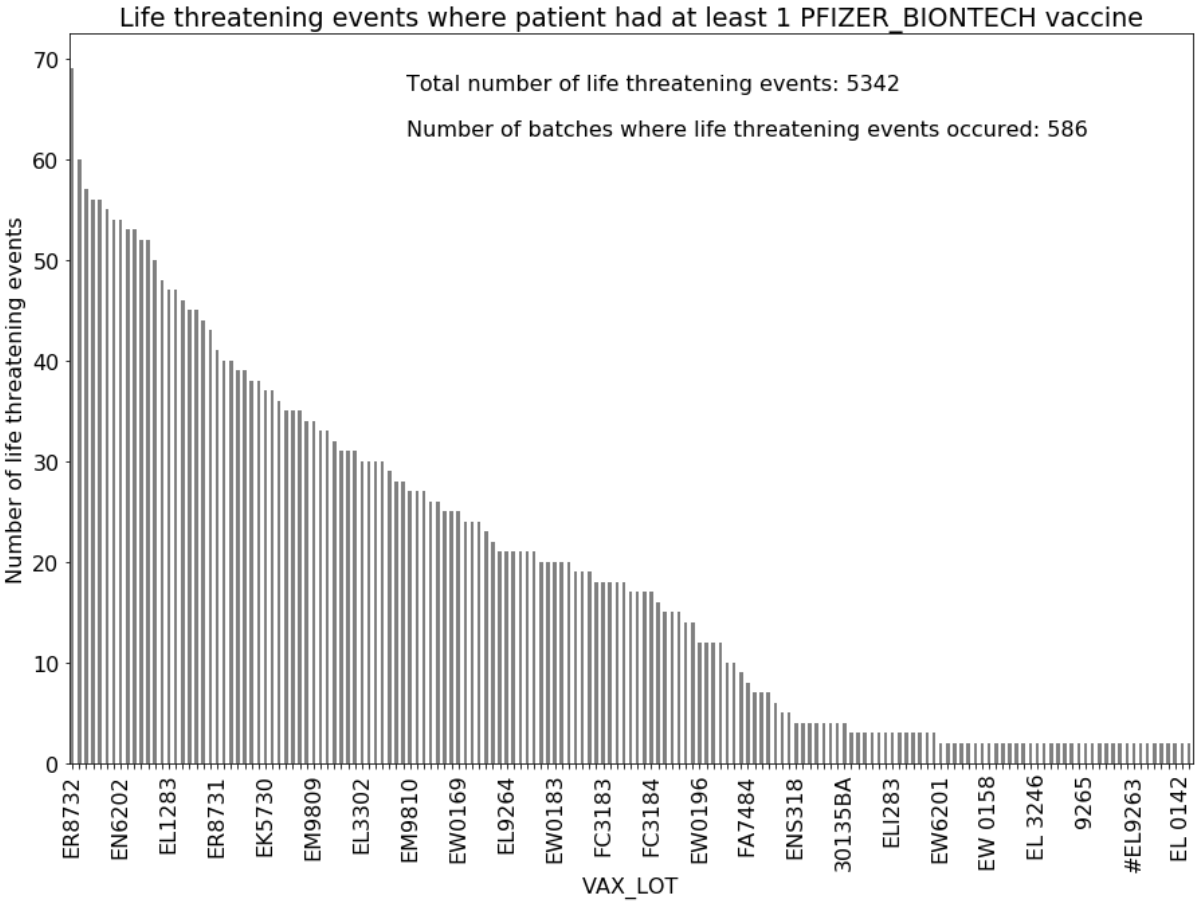

Chart 7: Number of life threatening events across vaccine batches, patient had at least 1 Pfizer vaccine

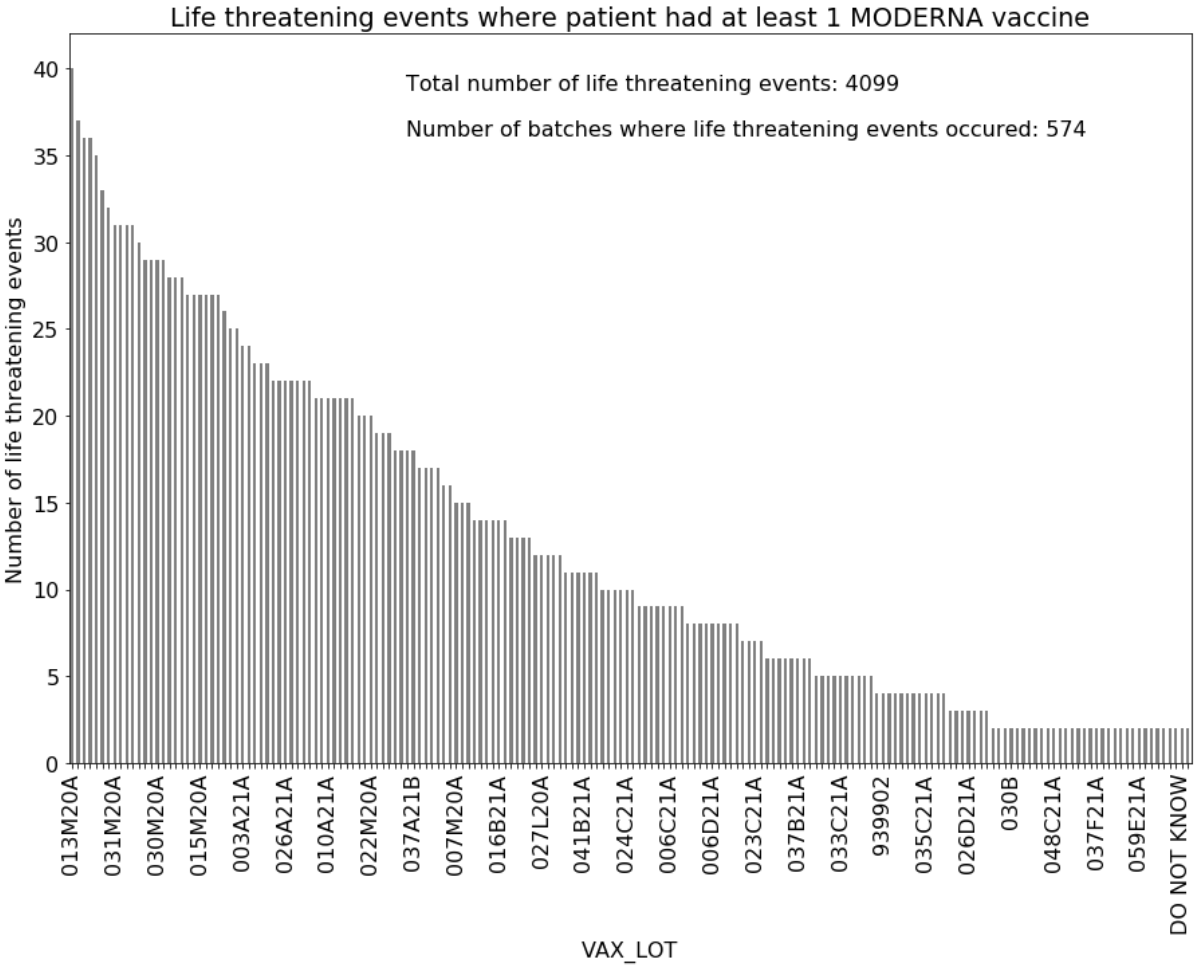

Chart 8: Number of life threatening events across vaccine batches, patient had at least 1 Moderna vaccine

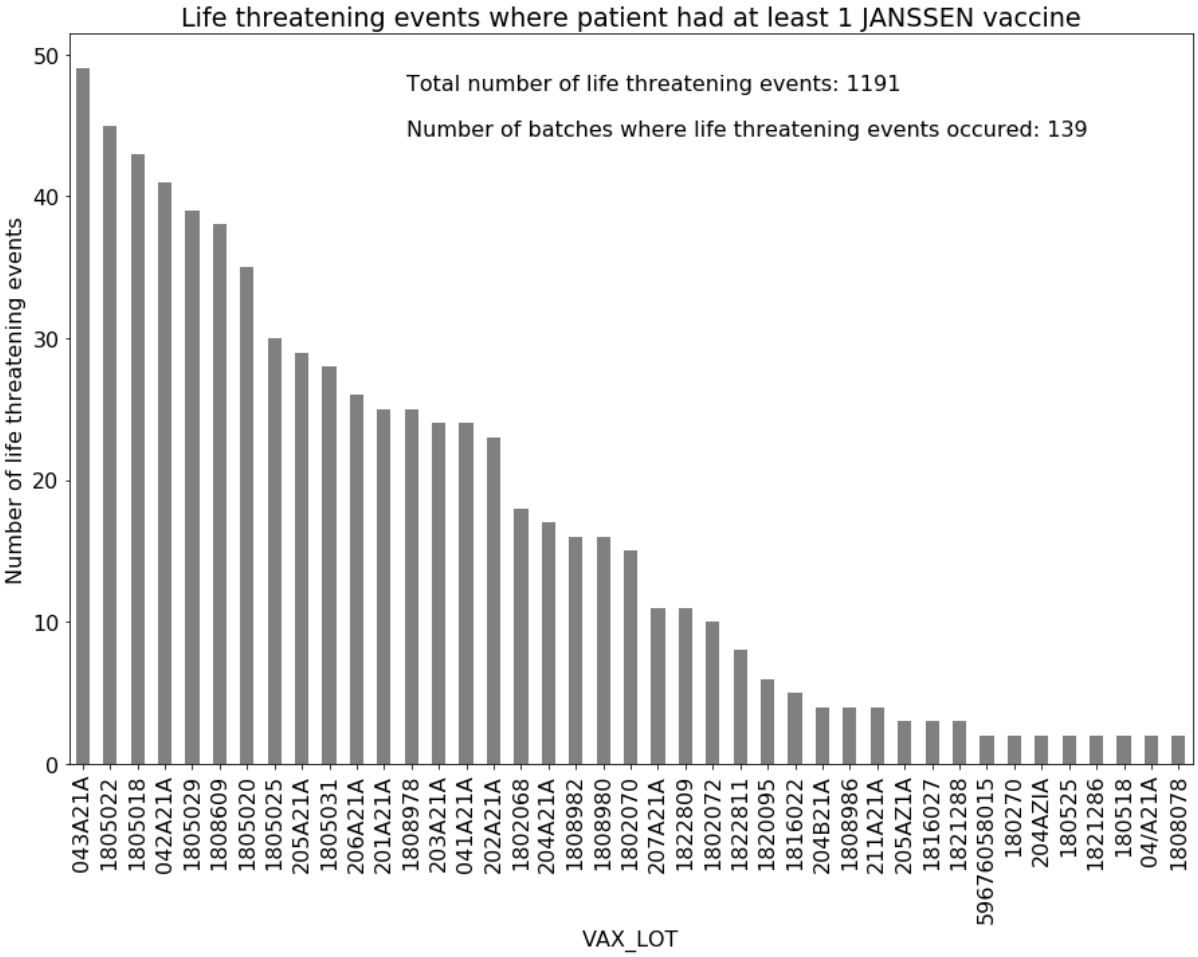

Chart 9: Number of life threatening events across vaccine batches, patient had at least 1 Janssen vaccine