Analysis of Covid-19 vaccine effectiveness claims in Australia Supplementary Report 2

Commissioned by People for Safe Vaccines
Presented by Sandy Barrett and Serene Teffaha
Sponsored by Parents With Questions
Dated 17 March 2022

This presentation is condensed from an extensive referenced report available to People for Safe Vaccines members.

Prepared by People for Safe Vaccines Limited 17 March 2022

WHO ARE WE

People for Safe Vaccines is an **Australian not-for-profit committed to promoting vaccine safety and efficacy**, with a membership of **over 3,000 concerned Australians**, including parents of children at risk of injury and injured by certain provisionally registered goods indicated for prevention of Covid-19 on the Australian Register of Therapeutic Goods.

WHAT WE SEEK

Proper due diligence from the government on safe vaccines

True transparency and accountability

Freedom to choose your own medical interventions

Open public debate

OUR OBJECTIVE HERE

The purpose of this report is to **test the claims** made by government and medical officials **that mass vaccination reduces cases/infections, hospitalisations, Intensive Care Unit (ICU) admissions, deaths (CHID's) and transmission** in Australia by **validating those claims against the real-world data**. We will be examining the NSW situation closely as there are better available data sets in that state, contrasted to the rest of Australia.

CONTENTS

A SHIFT IN TESTING

The strongest indicator of the prevalence of COVID-19 is determined by diagnostic testing. The predominant scepticism surrounding testing is that **the RT-PCR test does not reliably test for infectivity, even though COVID-19 is an infectious disease**.

In our last report we outlined the concerns around accuracy of these tests and how false positive results may give a false impression that a pandemic exists.

We are now seeing the Rapid Antigen Test (RAT) take over RT-PCR.

The NSW COVID-19 weekly data overview epidemiological report for week 8, ending 26 February 2022 states:

"PCR testing rates continue to decline. Most cases were identified by RAT, particularly in regional areas."

and

"Reported case rates were highest in people aged 10 -19 years and 0 -9 years, with higher case ascertainment in these age groups as a result of the school rapid antigen test (RAT) surveillance program."

The Public Health Laboratory Network (PHLN) and Communicable Disease Network Australia (CDNA) guidelines say that the Rapid Antigen Test is intended for point-of-care use for rapid results to relieve pressure on the pathology system. They **aren't recommended for wide-spread use in low-prevalence environments, as false positive results are likely to occur**.

This raises important questions. Because we know that the Cycle Threshold used in RT-PCR laboratory tests is higher than recommended, and now RAT tests are being used more widely, which is also not recommended:

- Is this producing false positive results?
- If so, what impact is this having on the numbers?
- If so, what impact is this having on the public health response, including the use of non-pharmaceutical measures such as physical distancing, face masks, lockdowns and vaccination mandates?

In other words, **is ineffective testing creating the illusion of a pandemic?**

BURDEN OF PROOF

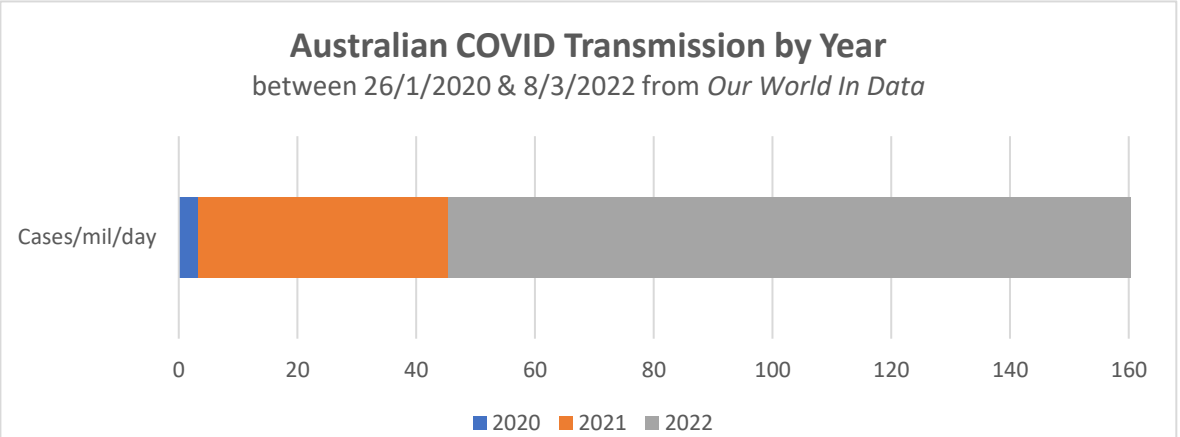
Adherence to long-established protocols around the discretion of the doctor/patient relationship entrenched in our laws has been broken by **government interference with the informed consent** process. Bypassing moral and ethical protections from the top down contravenes the principle of democracy, yet it has been done without remorse, because it **claims to be in the name of public health and safety**.

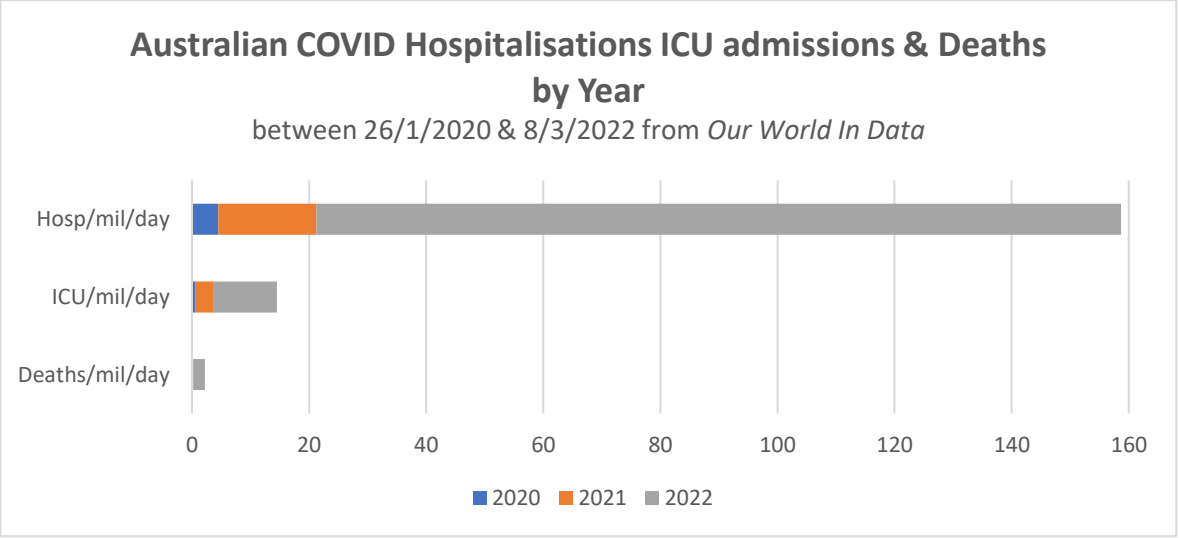
It is apparent from the data that increased Cases, Hospitalisations, ICU admissions and Deaths (CHIDs) paralleled with increased vaccination rates, clearly indicate that the alleged **COVID-19 vaccines have failed to reduce transmission and severity**.

Comparing averages based on per million per day calculations, in the first 66 days of 2022:

- new transmissions are 565.45 times more than 2020 and 43.3 times more than 2021
- new hospitalisations are 30.5 times more than 2020 and 8.2 times more than 2021
- new ICU admissions are 17.7 times more than 2020 and 3.4 times more than 2021
- new deaths are 18.6 times more than 2020 and 13.5 times more than 2021

We also observe that in many cases state and territory governments are no longer providing mainstream media outlets with the daily updates on CHIDs, in a move that would seem to be **a deliberate attempt to hide this obvious failing**.



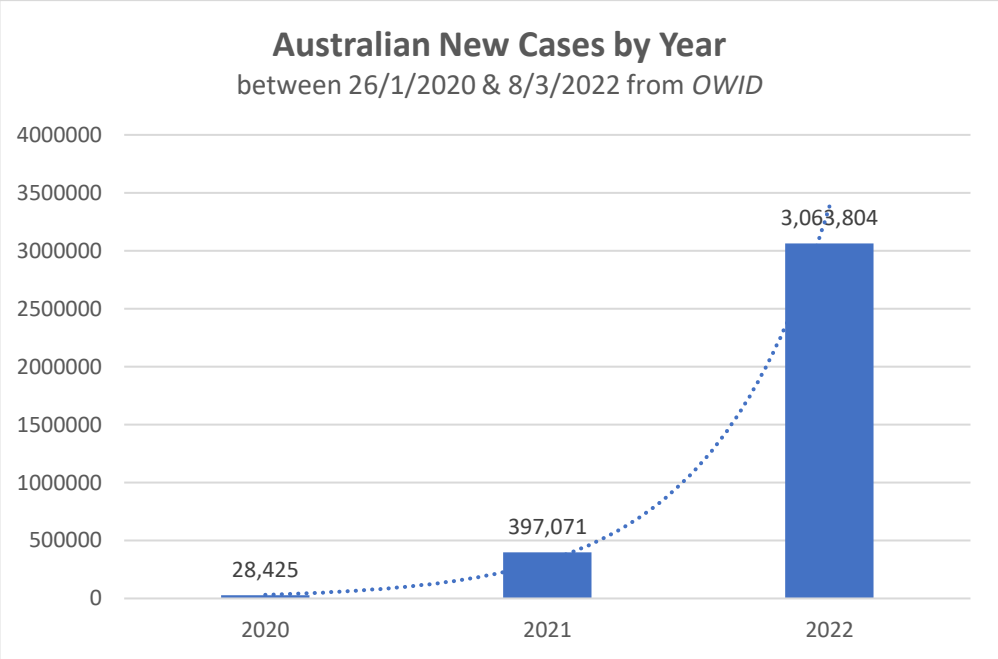


If the **claim** remains **that vaccinated individuals who subsequently contract COVID-19 have reduced symptoms or survived the illness (that is, they did not die)**, by **what scientific method is this being measured?**

It is plausible that those vaccinated who contract COVID-19, did so as a consequence of the alleged vaccine. Vaccine adverse events identified by the manufacturers in their trial documentation and in government post-market monitoring databases include various symptoms associated with COVID-19.

During the COVID-19 pandemic, **scientific standards normally adhered to have been bypassed**. The Pfizer clinical trials are a clear example of this. This randomised, double-blind study of an mNRA vaccine encoding the spike protein deviates from protocol in the following critical ways:

- Pfizer did not track biomarkers that would indicate subclinical adverse events, overlooking symptoms and disease that can take months, years, and decades to show.
- Antibody titre testing was used to determine vaccine effectiveness. This test type is not a comprehensively reliable indicator of protection from the disease as it is not precisely known how antibodies work.
- Animal testing was skipped, Phase 2 and Phase 3 human trials were combined and after only **two months** the placebo group was offered the vaccine. This is referred to as unblinding and technically **contaminated the trial data,** rendering it unfit for purpose.
- The trial excluded significant groups such as pregnant women, breastfeeding women, people with allergies, those with psychiatric conditions, people with bleeding disorders, the immunocompromised, children, the elderly, people who previously tested positive for COVID-19, and steroid users.



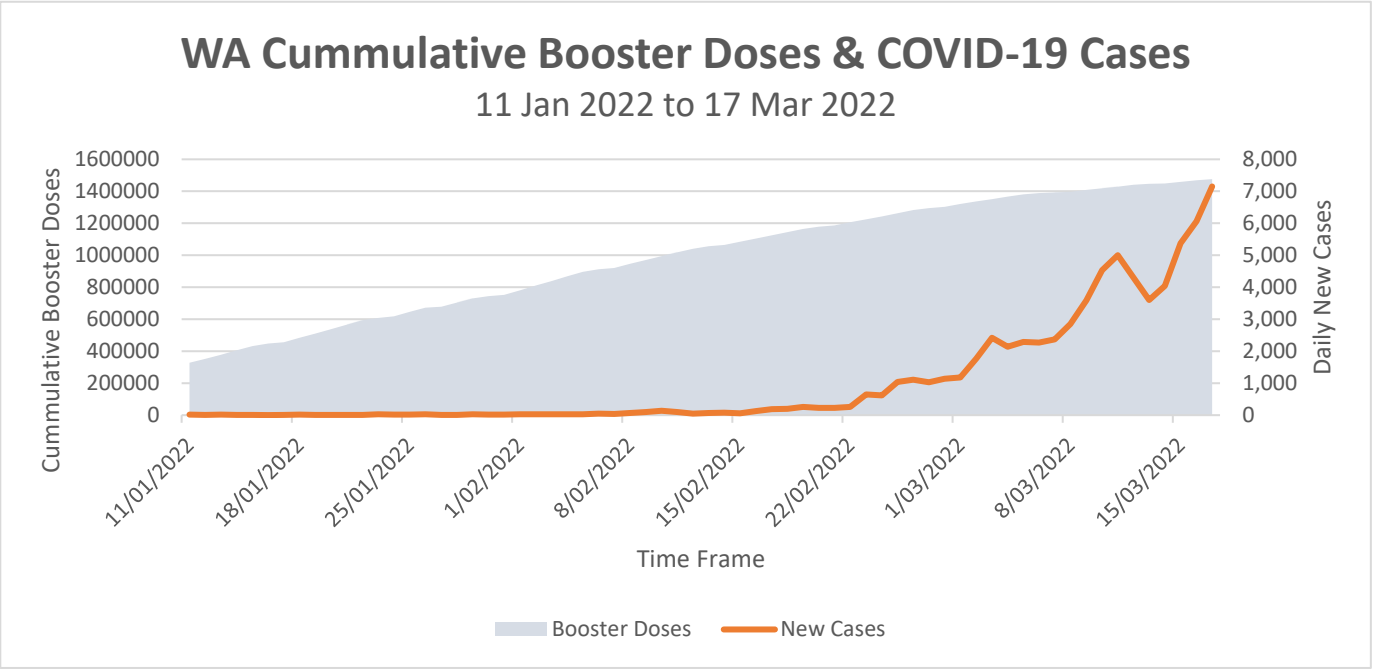
Our ongoing observation of the real-world data, including the [ABS COVID-19 mortality report], concludes **COVID-19 does not pose a threat serious enough to implement such stringent measures**. As such, all measures should be immediately repealed and efforts refocused on the vulnerable groups prone to serious illness from COVID-19, as shown in the ABS COVID-19 mortality report.

THE FAILED FORTRESS OF WESTERN AUSTRALIA

CONTROL GROUP NUMBER ONE

Because of **Western Australia's** strict border restrictions and high vaccination rates, this group **can be considered a virtual control group**.

In our first supplementary report we made some observations around what is currently transpiring in Western Australia, which has had the strictest border restrictions in place for two years. The government restrictions and coercive vaccine mandates have played a major role in WA becoming the second most vaccinated region behind the ACT.



Key facts as of 17 March 2022:

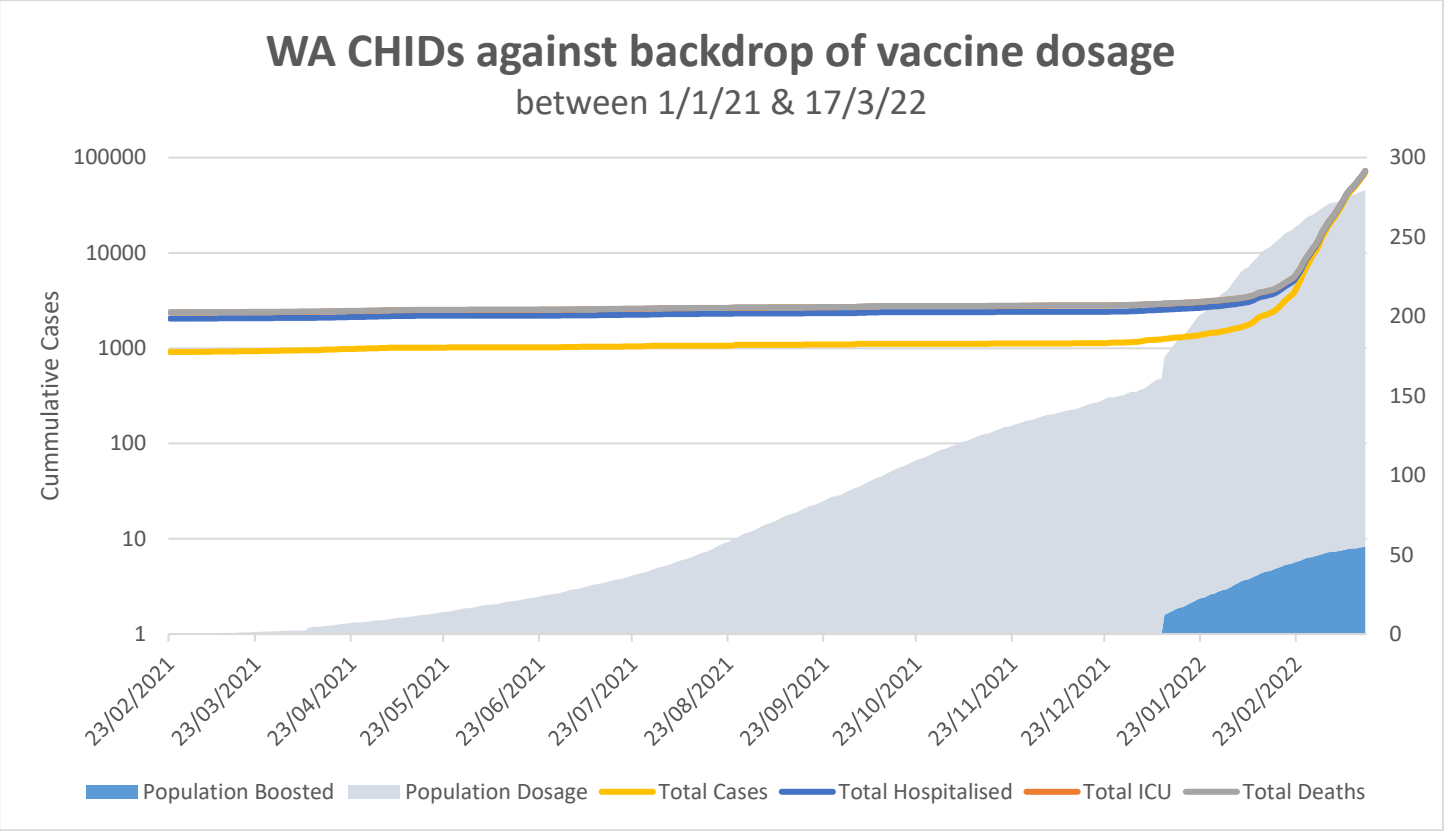
- 96.14% Second Dose rate 12+yrs
- 69.8% Third Dose rate
- 31,211 active cases
- 7,151 new cases marking the biggest increase of new cases in a single day.

These observations indicate that **lockdowns and mass vaccination fail to prevent or even control the spread of COVID-19 in the community**.

Furthermore, the recent increase in cases during strict lockdowns coincides with increased uptake of the vaccine boosters, suggesting that the booster shots may be the biggest contributing factor.

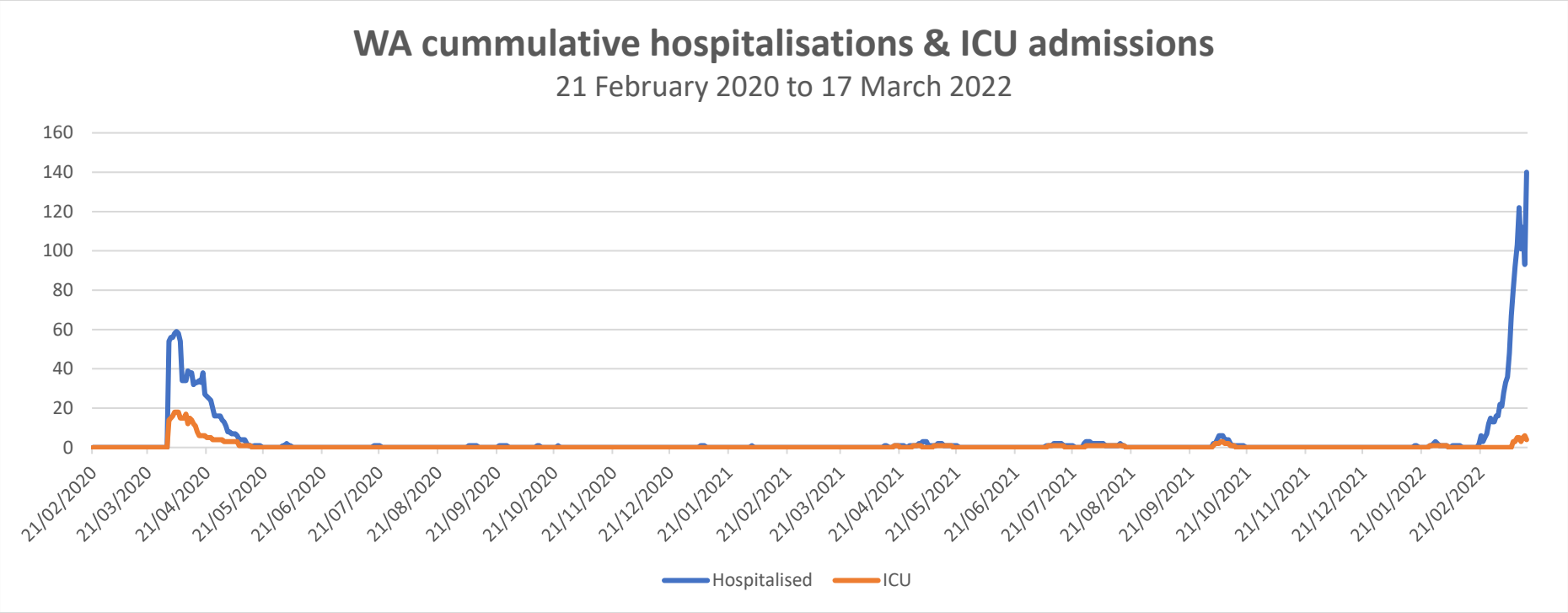
Booster doses commenced early January 2022. Shortly thereafter a significant increases in cases has occurred.

- The previous peak of the pandemic was 30 March 2020 when 44 daily cases were recorded
- There had been 1254 total cases when the booster doses commenced
- Daily cases started increasing significantly with 71 reported within the first week of the booster campaign
- By 15 February 2022 total cases had doubled to 2509
- Between 15 February and 17 March 2022 a surge of new cases has brought the total cases to 69,465, a >27-fold increase in 30 days



This correlation between high vaccination rates, uptake of boosters and the surge in cases presents a strong argument to explore whether the vaccines are somehow adversely affecting the immune system, increasing vulnerability to the very thing it is supposed to protect us from.

Could this be immune depletion, Pathogenic Priming or Antibody Dependent Enhancement we were warned about?



Western Australia has also experienced a sharp increase in hospitalisations, ICU admissions and deaths.

Considering Western Australia's statistically significant spike in transmission, hospitalisations and three new deaths, it is a compelling argument that the social measures and mass vaccination is a distinct failure.

THE "MOST VACCINATED GROUP" AWARD GOES TO THE A.C.T.

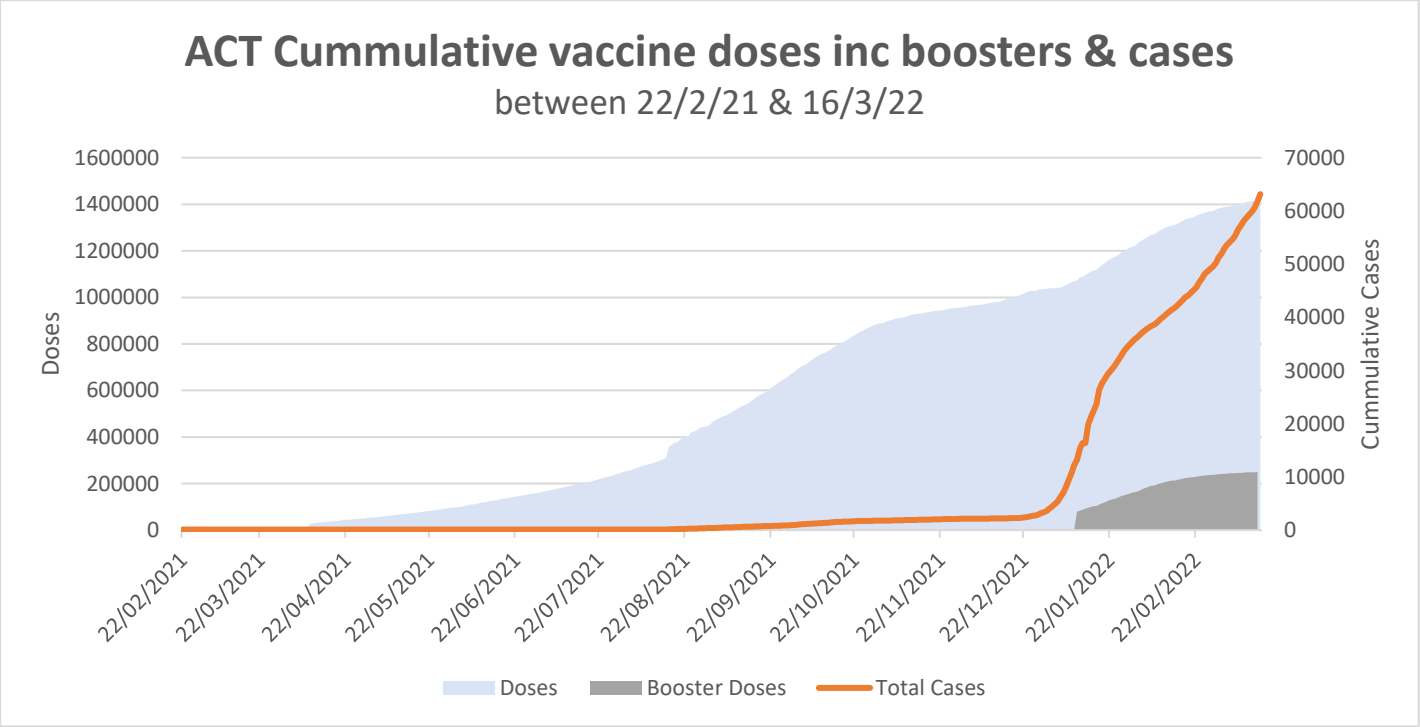
CONTROL GROUP NUMBER TWO

On 8 February 2022, **100% of the 12+ population of the Australian Capital Territory became fully vaccinated**. Booster doses commenced early January 2022.

As of 16 March 2022, **>57% of its entire population has received at least three doses** of a COVID-19 vaccine, making the ACT the most vaccinated state or territory in Australia.

Key facts as of 16 March 2022:

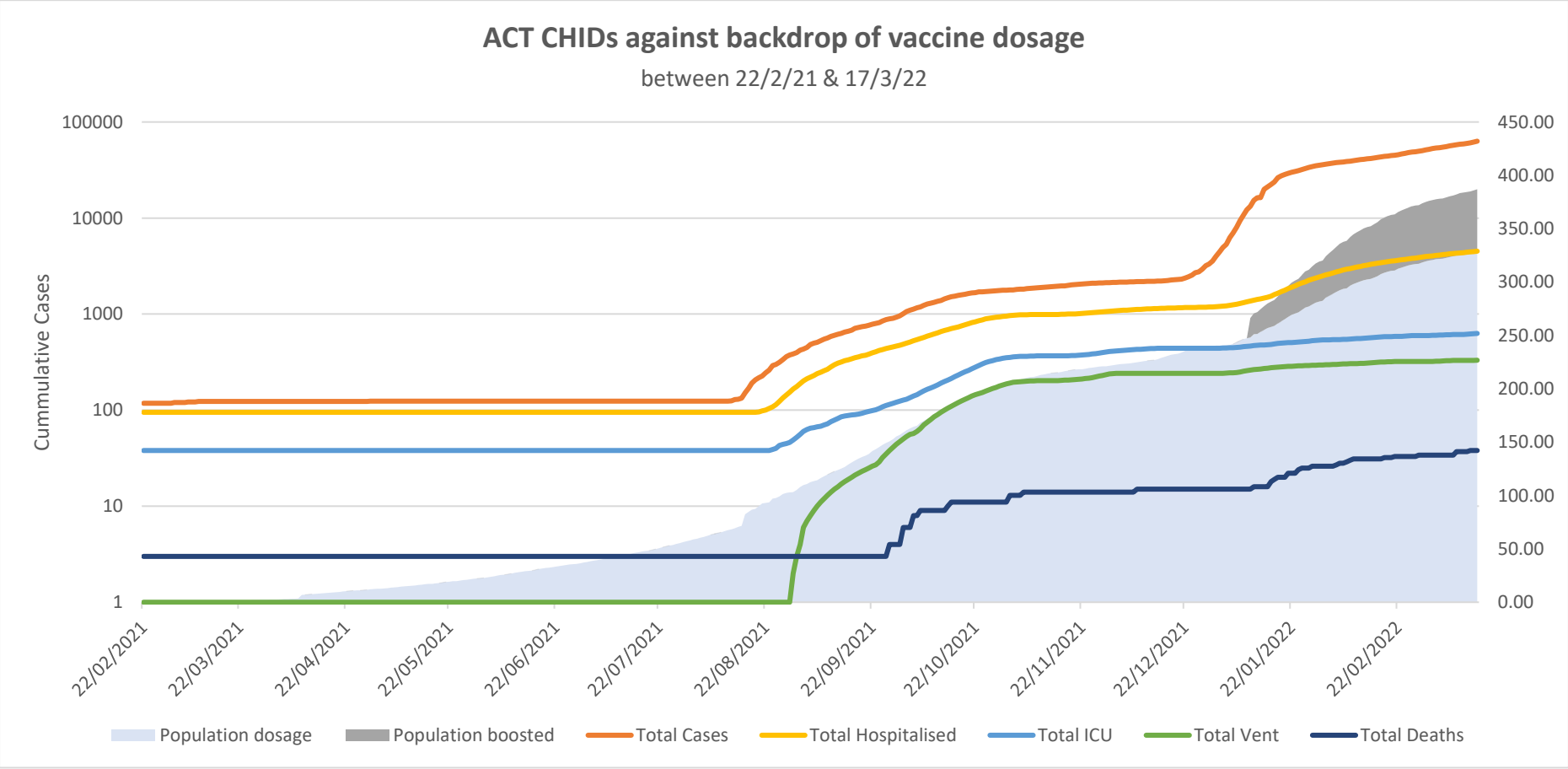
- >100% Second Dose rate 12+yrs
- >72% Third Dose rate 12+yrs
- >57% Third Dose rate entire population
- 4,894 active cases
- 1,311 new cases
- At the end of 2021 ACT had 4,010 cases in total for entire pandemic
- Between 1 January and 17 March 2022 a surge of new cases has brought the total cases to 63,148, **a >15-fold increase**



Notice how cases increase sharply in line with vaccine dosage, especially booster doses.

As the adult population is officially 100% fully vaccinated, all hospitalisations, ICU admissions and deaths must be occurring in the vaccinated population.

Against the backdrop of vaccine dosage, a clear correlation with increased severity can be easily seen.
Considering ACT only had 118 cases, 95 hospitalisations and 38 ICU admissions before vaccine doses were administered, and spikes in cases and severity of disease increase in alignment with vaccine doses, it is a compelling argument that mass vaccination is a clear failure.

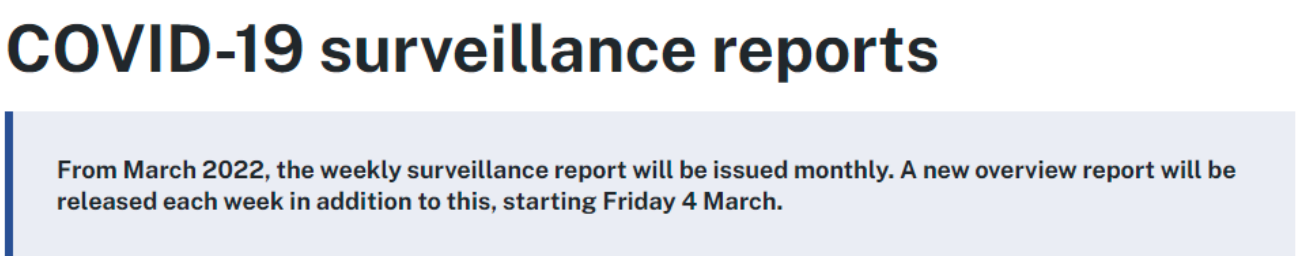


NSW, THE STATE OF CONFUSION

A CASE OF SHIFTING MEANINGS

NSW Health has again altered the COVID-19 surveillance reporting.

From March 2022, weekly surveillance reports will be issued monthly. The Week 7 report has not been issued, leaving a critical gap in reporting.



COVID-19 surveillance reports

From March 2022, the weekly surveillance report will be issued monthly. A new overview report will be released each week in addition to this, starting Friday 4 March.

A new weekly overview report has been added, and unlike the weekly surveillance report, this one appears to report the actual weekly case number count. However, **when it comes to vaccination status it combines the ineligible; with the unknown, the single dose within 21 days and with those who have not been dosed at all**.

This reporting further distorts its veracity, and fosters biased depiction of clinical severity in a manner that suits the government narrative. This bundling confuses and muddle the data, and more alarmingly, it conceals important trends.

In our previous report we made the following observation:

"Also noteworthy: these statistics on COVID-19 Hospitalisations, ICU admissions and Deaths do not tell us whether the person was hospitalised for other reasons and just happened to test positive to COVID-19."

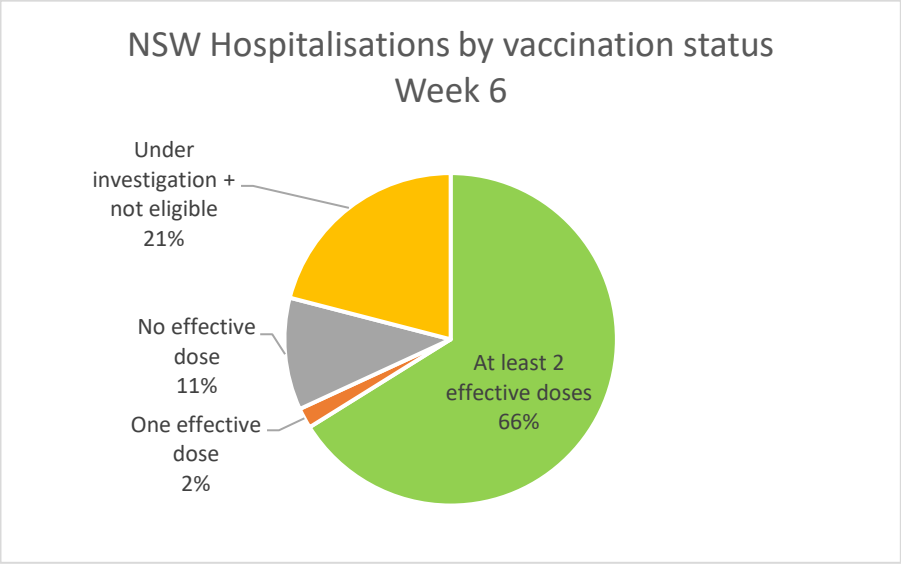
The new weekly data overview report summary states "*People with COVID-19 may be admitted to hospital or ICU for reasons other than COVID-19.*"

This confirms our assumption about CHID numbers. It is the difference between clinical severity ***with*** COVID-19 as opposed to ***from*** COVID-19. We believe this is a critical metric when attempting to accurately assess clinical severity.

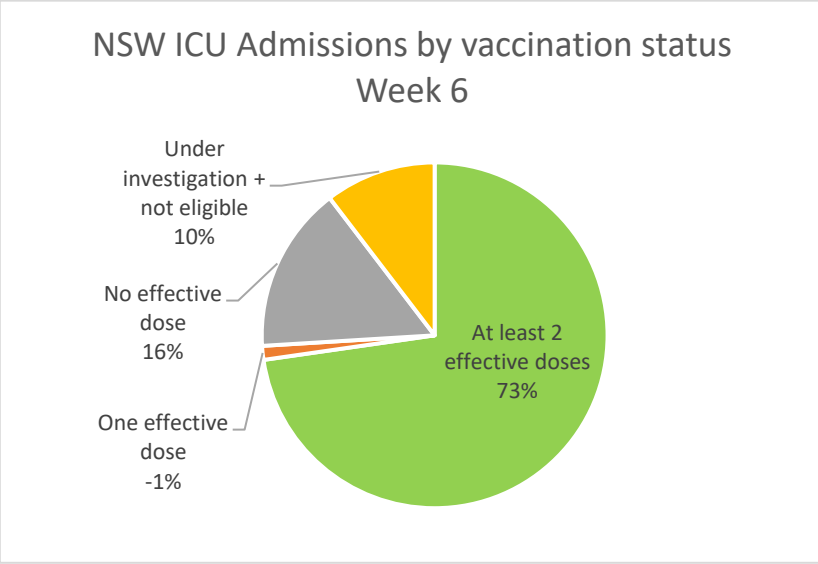
Regardless of this reporting bias, the real-world data shows a clear correlation between increased CHIDs and vaccination.

We have only mapped out the situation between 26 November 2021 and 12 February 2022, when 93.1% of the NSW population has been double-dosed and 48.3% triple-dosed, because no surveillance report has been released since the publication of our first research paper on 12 February 2022. The patterns are self-explanatory.

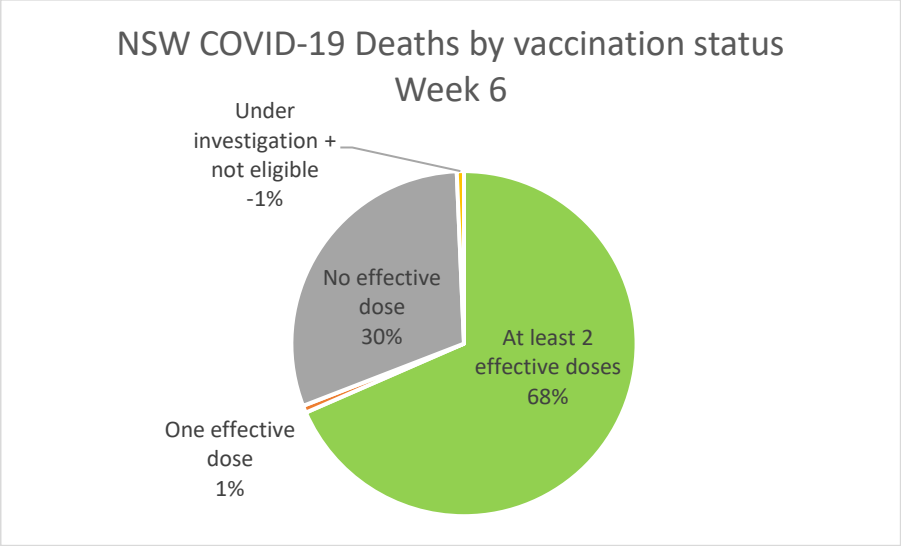
NSW COVID-19 Hospitalisations

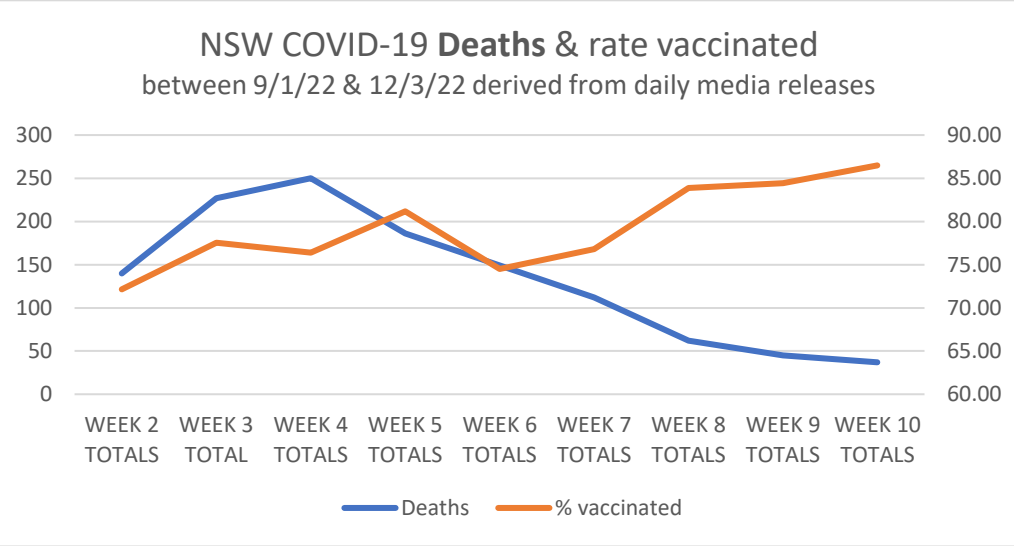


NSW COVID-19 ICU Admissions

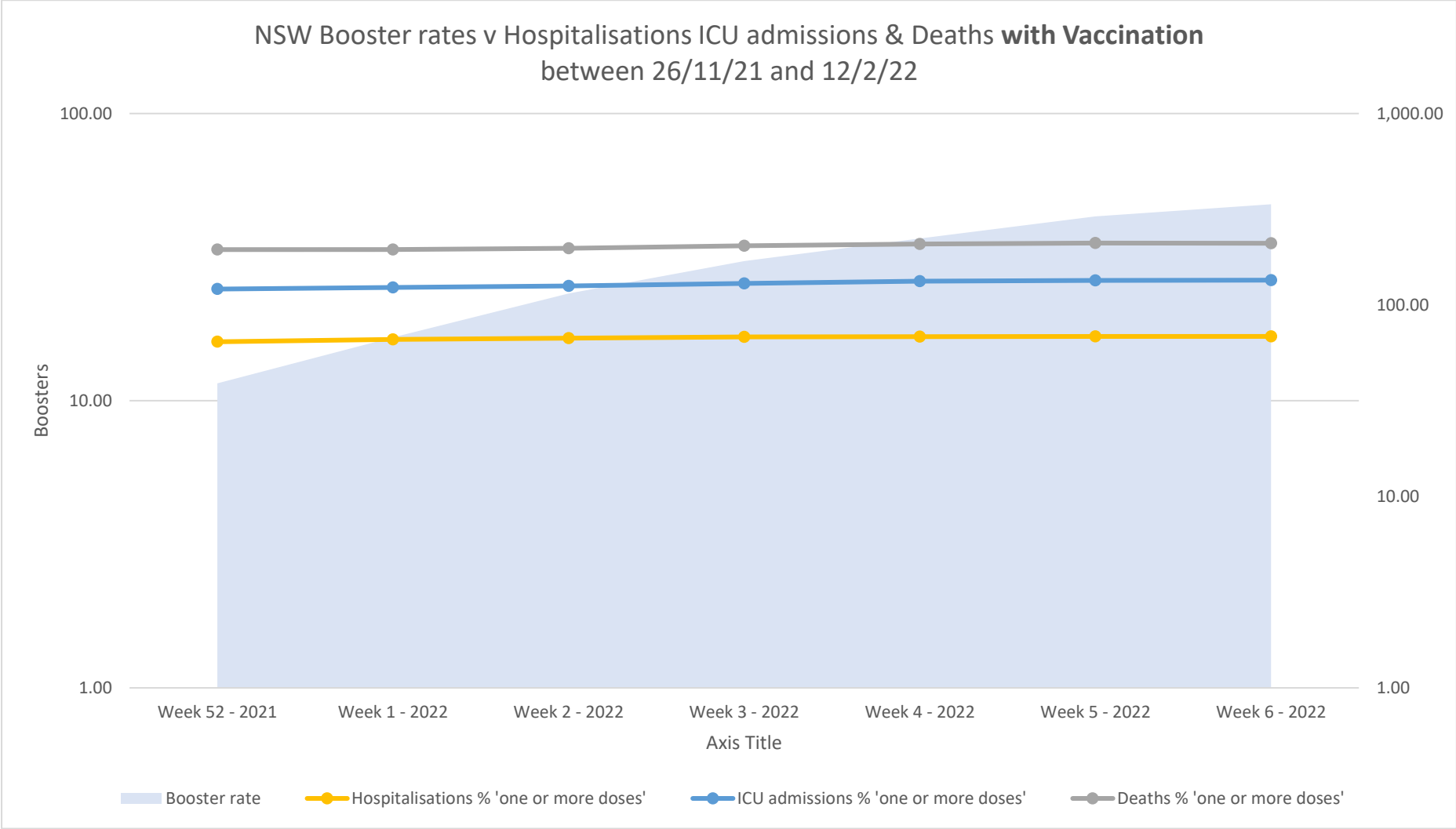


NSW COVID-19 Deaths

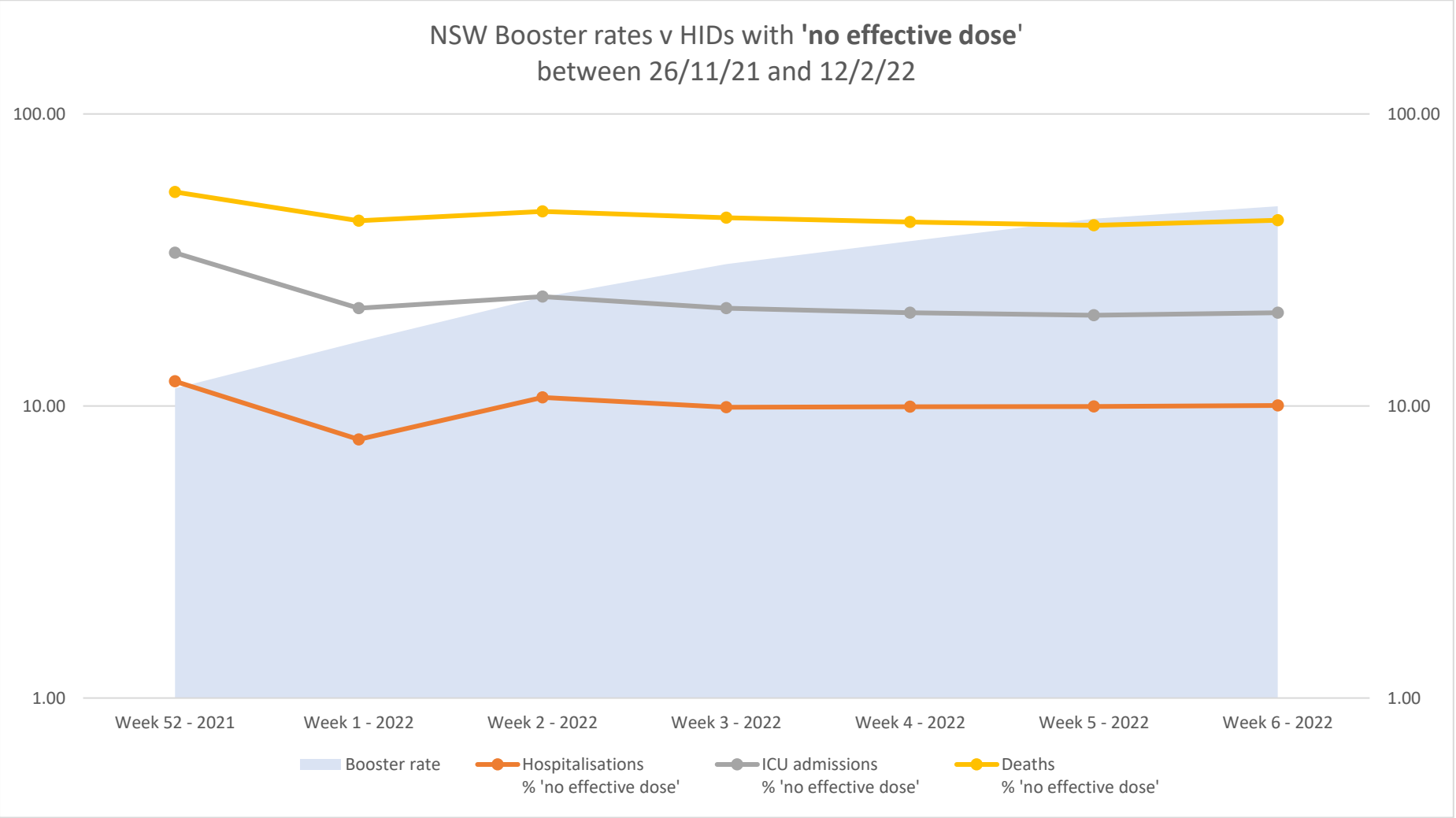




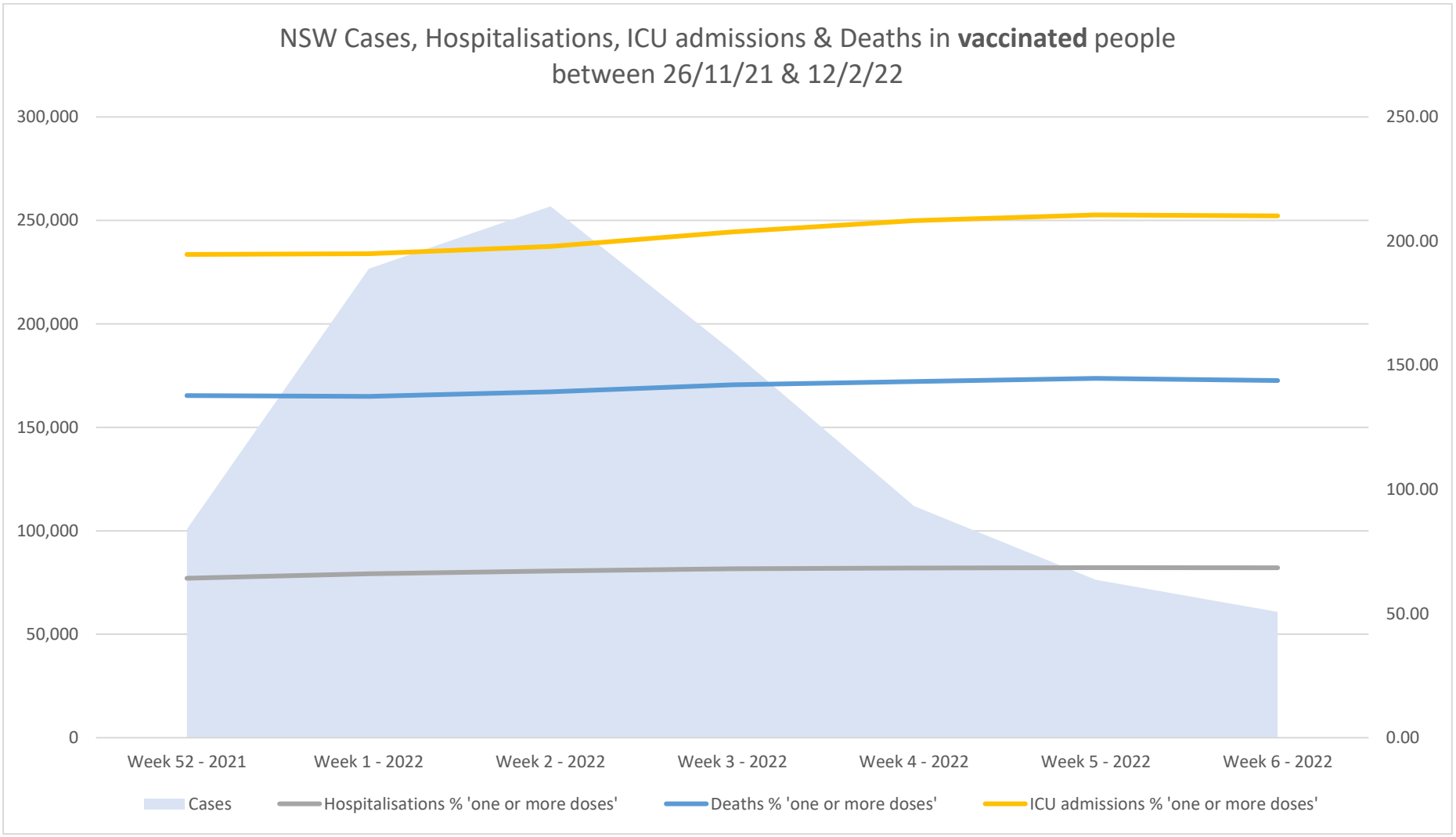
Despite increased vaccination rates with the booster dose, the data shows negligible change in severity in the vaccinated. If these 'vaccines' reduced severity of disease, why aren't we seeing it in the real-world data?



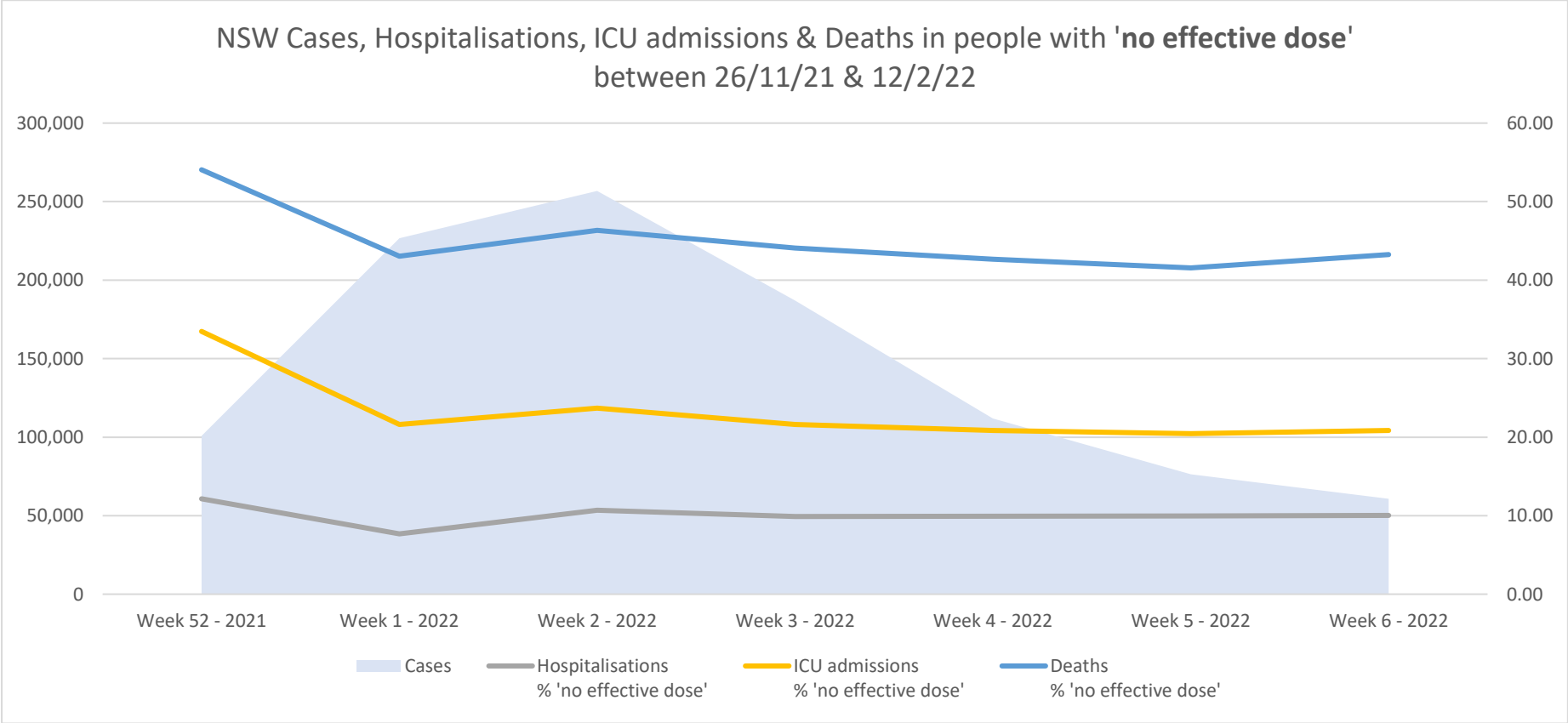
The data shows the opposite is true in the unvaccinated as severe cases decrease. The actual number count is considerably lower than the vaccinated group, and the overall trend is down. This supports the claim that the best form of immunity is naturally derived.



As new cases spiked, severity in disease remained similar, albeit slightly higher in the vaccinated group.



The opposite is true for those categorised as 'no effective dose'. The actual number count is considerably lower than the vaccinated group, and the overall trend is downwards.



Between 4th and 13th of March 2021, the NSW Daily COVID-19 statistics inform us that in 7 out of 10 days, 100% of deaths were in vaccinated individuals.

Higher vaccination rates have tended to result in higher increases in the number and severity of COVID-19 cases. Hence, so far, COVID-19 vaccines may well have exacerbated the pandemic, enhancing the risk of infection, a phenomenon which could possibly be explained by escape from vaccine-mediated immunity due to viral mutations, or hyperimmune response.

UPDATE ON INJURIES

There has never been a mass vaccination process on this scale in the history of the world. And with vaccine trials claiming efficacy of 95% after just 2 months, provisional approvals were granted, a process that normally takes around 10 years.

There has not been enough time to properly gauge medium and long-term safety, so here we explore the adverse events reported by the TGA, compare this with the AusVax Safety report, and discuss under-reporting of adverse events.

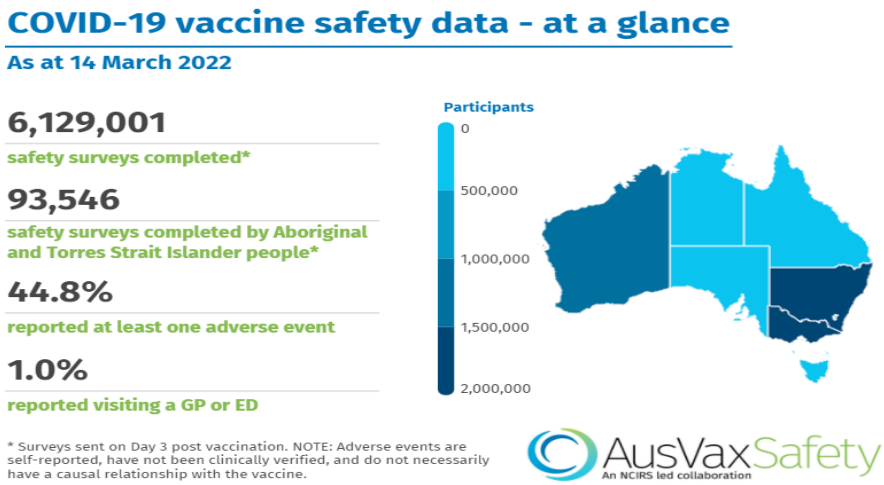
TGA Adverse Events

Total adverse event reports to 13 March 2022

2.1	115,353	55,149,115
Reporting rate per 1000 doses	Total AEFI reports received	Total doses administered
45,799	64,466	5,092
Total reports for Vaxzevria	Total reports for Comirnaty	Total reports for Spikevax

TGA has **reported 798 deaths** and confirmed 11 were linked to vaccination.

AUSVAX Safety



UNDER-REPORTING OF ADVERSE EVENTS

To demonstrate this under-reporting, we looked at the AUSVAX Safety national survey data. The AUSVAX Safety conducts independent surveys on those who obtained COVID-19 vaccinations. The Report states that 44.8% of 6,129,001 surveyed reported at least one adverse event, equating to **2.7 million adverse events, with over 27,000 reporting a visit to a GP or Emergency Department**. When compared with the TGA figures, it is clear under-reporting of adverse events to TGA is significant.

It has often been said that serious adverse events are extremely rare. Currently the overall adverse events reporting rate is 2.1 per 1,000 doses. Heart injury has never been considered a mild condition, but now the TGA state that myocarditis and pericarditis caused by vaccination are mild. It is concerning how the rate of likely myocarditis in young males between 12-17 years from the Pfizer vaccine is 10.7 per 100,000 second doses, and 15.8 per 100,000 second doses of Moderna.

Table 2. Rates of likely myocarditis cases following the mRNA vaccines‡ A. Comirnaty (Pfizer)

Age (years)	All doses		Second doses	
	Rate* per 100,000 doses		Rate* per 100,000 doses	
	Male	Female	Male	Female
12-17	6.5	1.3	10.6	2.3
18-29	3.9	1.1	6.9	1.9
30-39	1.4	0.6	1.9	0.6
40-49	0.6	0.5	1.1	0.9
50-59	0.4	0.3	0.1	0.3
60-69	0.1	0.2	0	0
70+	0	0.1	0	0.4
All ages*	**1.9**	**0.6**	**3.6**	**1.1**

B. Spikevax (Moderna)

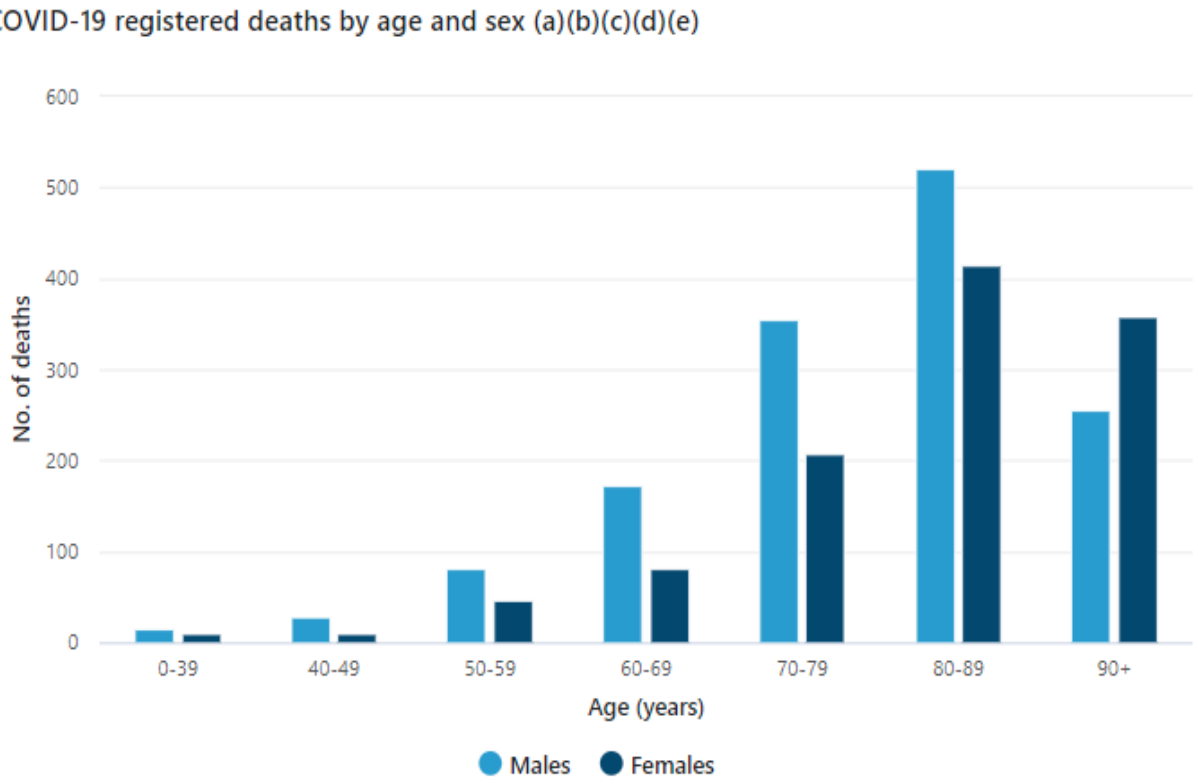
Age (years)	All doses		Second doses	
	Rate* per 100,000 doses		Rate* per 100,000 doses	
	Male	Female	Male	Female
12-17	8.6	1.8	15.8	2.6
18-29	7.4	0.9	16.0	1.2
30-39	2.5	0.3	5.1	0.0
40-49	1.1	0.3	1.7	0
50-59	0.3	1.0	0	2.5
60-69	0	0.3	0	0
70+	0	0.2	0	0
All ages*	**2.7**	**0.7**	**8.2**	**1.1**

When considering the mild effects of COVID-19 in the young, it appears the risk from serious illness caused by COVID-19 is dwarfed by vaccination risk in this age group.

ABS COVID-19 MORTALITY REPORT UPDATE

The Australian Bureau of Statistics (ABS) COVID-19 Mortality report shows that:

- **91.4% of deaths due to COVID-19 had other conditions** certified on the death certificate
- **Only 8.6% had reported COVID-19 alone**
- Median age at death is 84.3
- People with chronic heart conditions, dementia, diabetes and cancer have a higher risk of developing severe illness from COVID-19
- The ABS data confirms that **most deaths** with COVID-19 are in the **sick and elderly**, with a significant portion in the age group that is **past average life expectancy**
- Inversely, it **confirms the younger** age groups are **not significantly impacted** by severity of symptoms and this has been the case prior to vaccination
- The infection **survival rate in children** and adolescents is **99.998%**



In relation to COVID-19 deaths and associated causes, the ABS report states "*While pre-existing chronic conditions do not cause COVID-19, they increase the risk of COVID-19 complications and therefore increase the risk of death.*"

- A COVID-19 related death is one where there is a disease or injury pathway to death that is not directly caused by the virus - such as a late-stage cancer - has led to death
- 0.9% of the 273,901 death registrations certified during the pandemic are of people who died with or from COVID-19
- Of that 0.9% of total deaths, there are 2,639 deaths where an individual is certified as having died *from* or *with* COVID-19 to 31 January 2022
- 83 people died *with* COVID-19 rather than directly *from* the virus itself
- There are 220 reported as having died and "Reported alone on certificate", meaning 8.6% died *from* the virus and 91.4% died *with* it
- 220 deaths from the virus equates to only 0.08% of all deaths certified during the pandemic

ABORT MISSION

WITHDRAW THE VACCINES

Vaccines are intended to reduce the risk of infection and, as a result, transmission. In this case, the Australian overall data, as well as the specific ACT, WA and NSW Surveillance Reports data, don't just show that the alleged vaccines fail to reduce risk of infection and transmission, but they also do not reduce CHIDs. In fact, **these *'vaccines'* appear to be exacerbating CHIDs**.

The highest risk group for COVID-19 are people at, or past, life expectancy, and with pre-existing co-morbidities. The rest of the population who contract the virus have a statistically high recovery rate, especially children and adolescents.

There are serious questions raised around mixing brands of primary doses and boosters, and the effect that boosters are likely to be having on increasing susceptibility to COVID-19 and other diseases. **The increase in all-cause mortality provided by ABS is a red flag**.

Even during summer months when flu-like viruses don't typically increase, case numbers, hospitalisations, ICU admissions and deaths have surged, and the majority are vaccinated. While it is acknowledged that the Omicron variant may have contributed to this consequence, this cannot be relied upon, due to **almost non-existent genomic sequencing,** and we say that it is just as likely to be contributed to by '***vaccine induced COVID-19***'', the unacceptably **high adverse event rates** and injury, and increased susceptibility to COVID-19.

Based on this, we conclude that the purported **COVID-19 vaccines used in Australia are ineffective**, and statistical trends would indicate these **vaccines are creating increased susceptibility to COVID-19**. Consequently, it makes no sense to force people to be vaccinated, especially healthcare and aged care workers, because these workers could be exposing already immunocompromised patients to an increased likelihood of catching COVID-19, and this cohort are at most risk of death.

Children and adolescents have virtually zero chance of dying from COVID-19. Consequently, the scientific rationale for vaccinating them is exceptionally thin. Indeed, more and more studies are showing that children are at greater risk from vaccine reactions than from COVID-19.

Australia has two control groups, one fully vaccinated (ACT) and the other locked in for two years (WA). Both show the same pattern of **increased severity that correlates to increased vaccination, especially booster doses**. This demonstrates that the strict social measures and mass vaccination is a distinct failure and there is **immediate justification for halting the rollout and for withdrawing all mandates** until more thorough, and transparent investigations are conducted.

SUPPORT OUR WORK

BECOME A MEMBER

People for Safe Vaccines has been providing ongoing research, education and lobbying efforts to bring about proper due diligence from government on safe vaccines including transparency and accountability. If you would like to support our ongoing work, please become a member today.

https://www.peopleforsafevaccines.org/plans-pricing