Analysis of Covid-19 vaccine effectiveness claims in Australia Supplementary Report 1

Commissioned by People for Safe Vaccines
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Sponsored by Parents With Questions
Dated 2 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 2 March 2022

WHO WE ARE

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.

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UPDATE ON VACCINE EFFECTIVENESS

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

Furthermore, test result accuracy is questionable when "appropriately collected" respiratory tract samples are required for testing, however most samples are collected in non-clinical settings such as drive-through testing sites.

Moreover, NSW pathology state they are testing the majority at a cycle threshold (Ct) of 45, with the cut-off set at 40, even though the Public Health Laboratory Network (PHLN) state cycles beyond 40 may increase false positives and Dr Fauci asserts that Ct above 35 is unreliable.

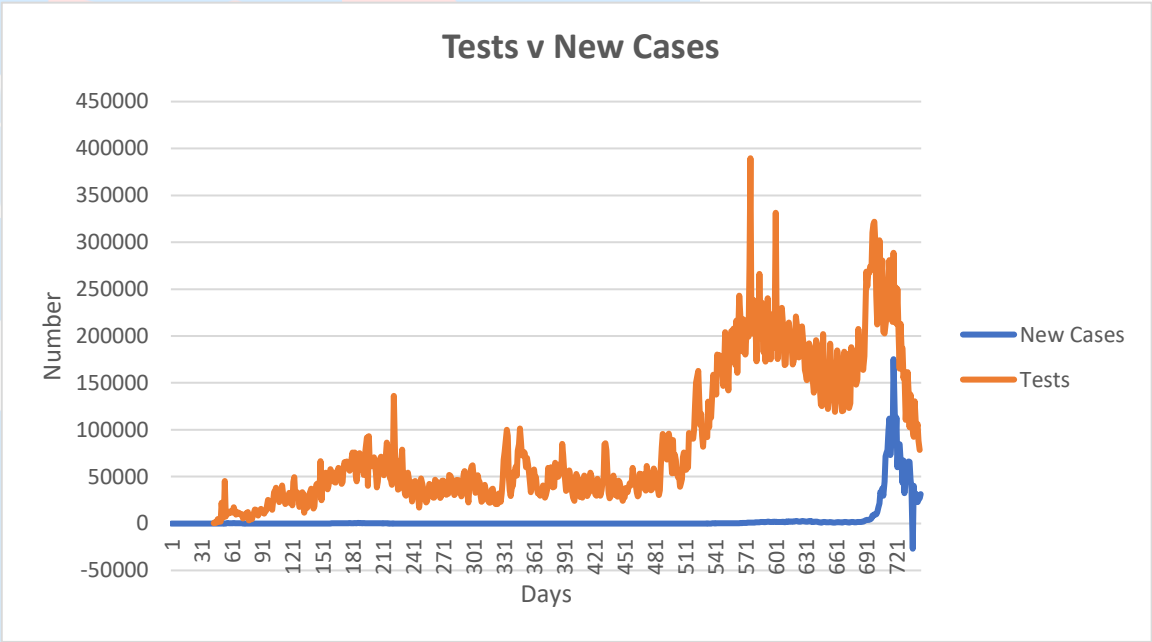
This raises an important question, if the Ct used in laboratory tests were performed as recommended, what impact would this have had on the numbers and hence on the public health response? This includes the use of non-pharmaceutical measures such as physical distancing, face masks, lockdowns and vaccination mandates.

In other words, **has ineffective testing created the illusion of a pandemic?**

The strongest signal of whether the vaccines reduce transmission is in observing the reduction in infections as the rate of vaccination in the population increases.

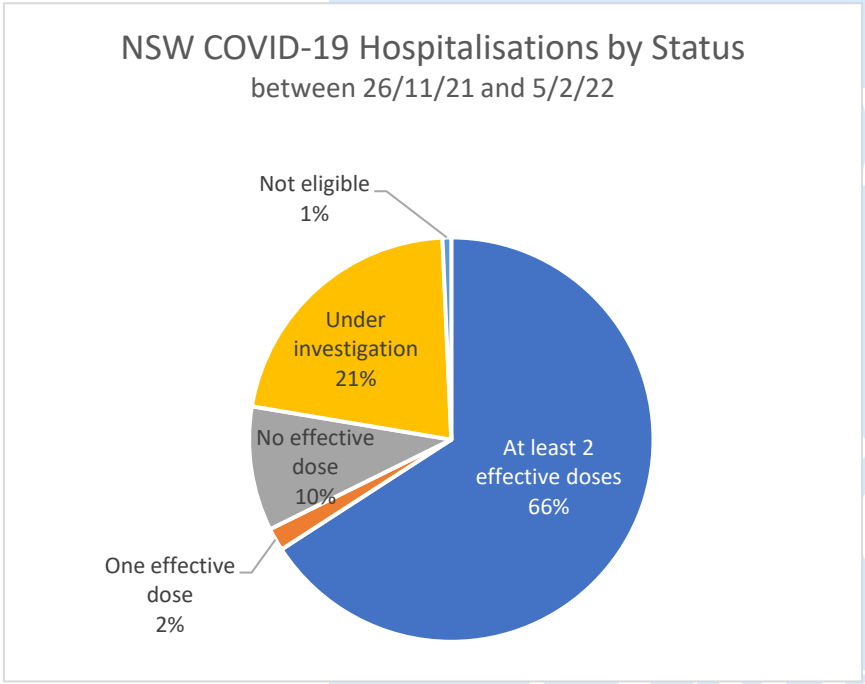
Regarding assessing vaccine effectiveness in Australia, we have an almost perfect setting because:

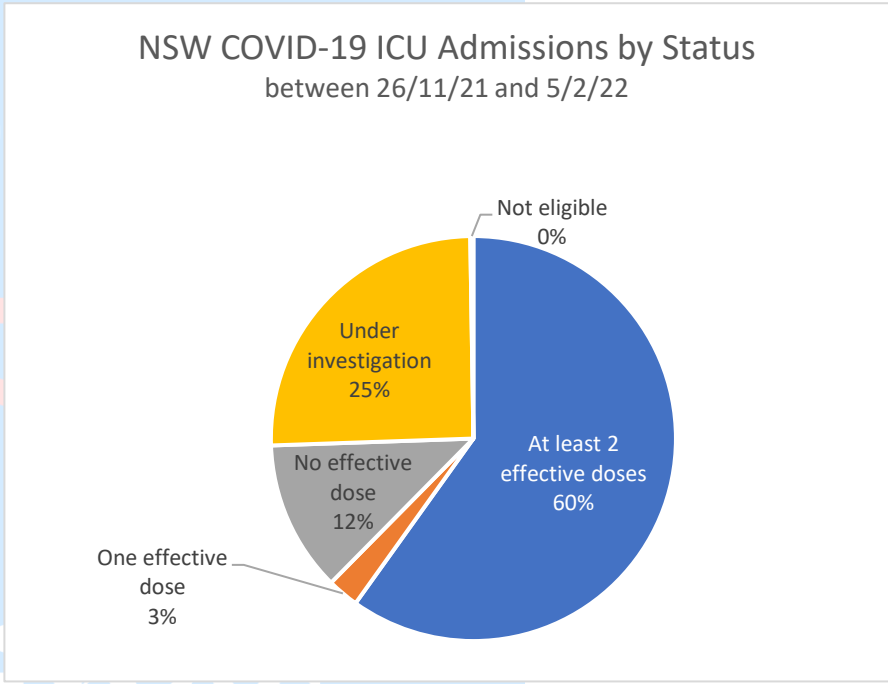
- There are no approved and widely used preventative treatments
- A significantly high portion of the population is fully vaccinated
- Given testing for the disease is being used as the only way to determine infection, increased testing rates should yield a strong signal of vaccine effectiveness



In Australia during December 2021 and January 2022, the rate of testing peaked around the same time vaccination rates passed 70% of the population, which occurred around 17 November 2021.

In stark contrast to the claims that the vaccines reduce transmission and severity of disease, the statistics in hospitalisations, ICU admissions and deaths with COVID-19 increased. More intriguing is a significant portion of severe cases were in vaccinated persons.





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.

INCREASE IN DEATHS

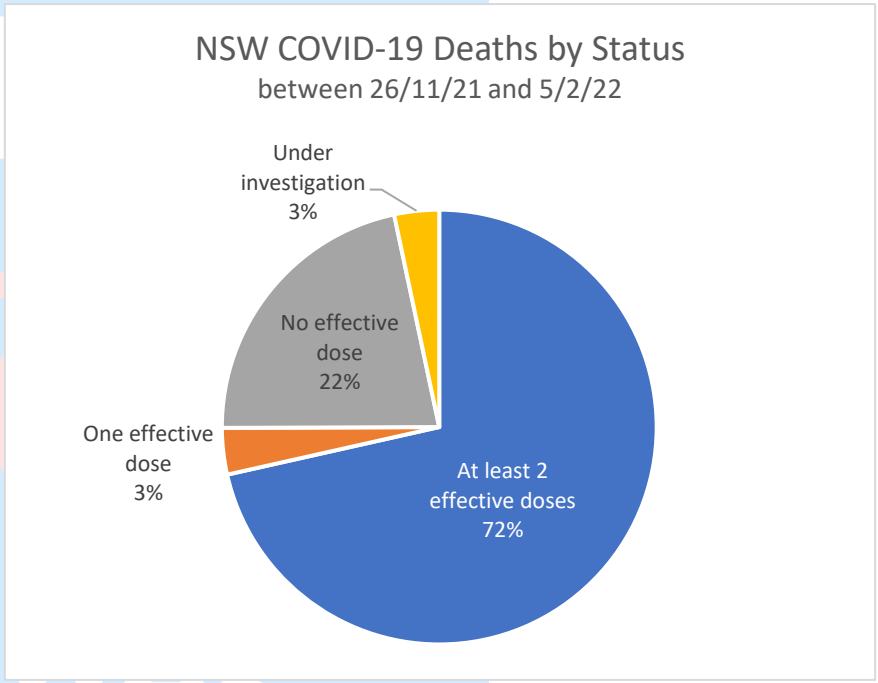
The NSW Weekly Surveillance Reports (Surveillance Report) show **deaths with a COVID-19 positive test have increased, despite 93% of the total population aged 12 years and over had received at least two effective doses.**

Estimates of excess deaths can provide information about the burden of mortality potentially related to the COVID-19 pandemic, including deaths that are directly or indirectly attributed to COVID-19.

Alarmingly, the Australians Bureau of Statistics (ABS) Provisional Mortality Statistics show that for the duration of the pandemic until 30 November 2021, the **number of deaths for all causes was 6.2% above November historical average** between 2015-19.

Deaths are presented by counts only. Counts of death do not account for changes in population.

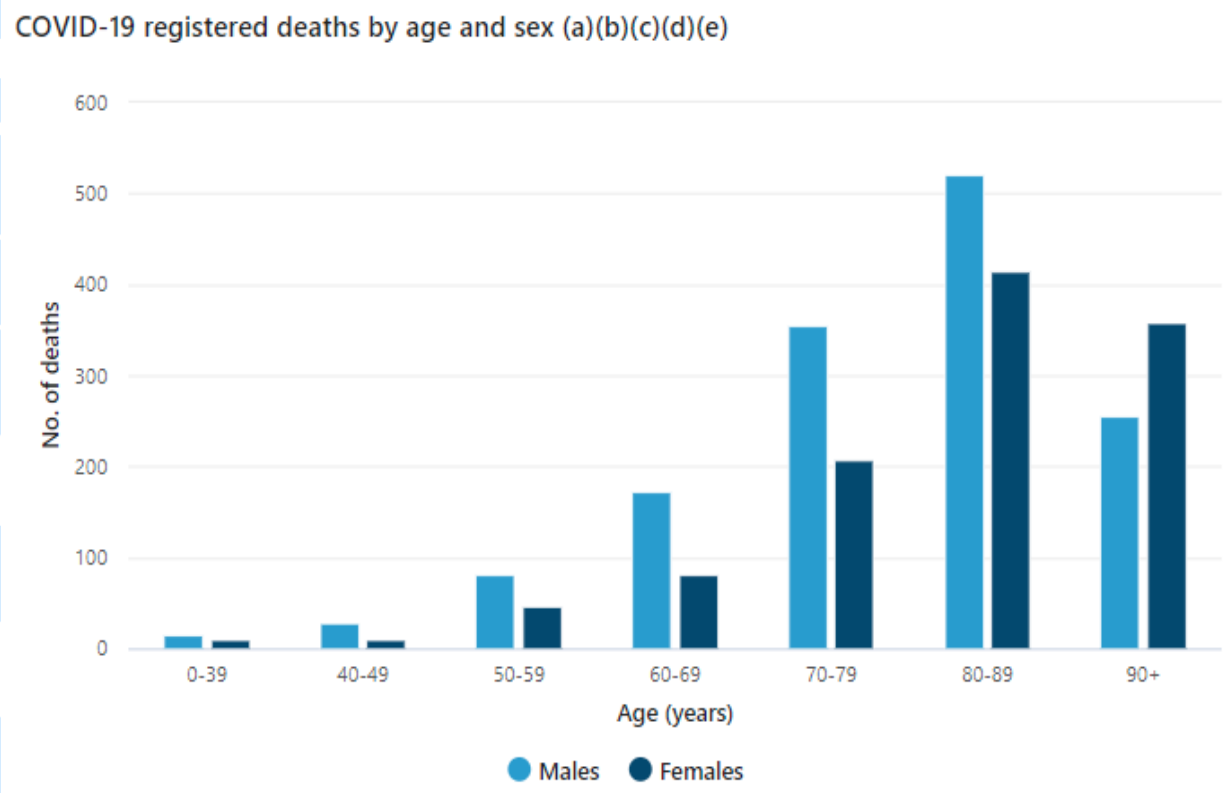
Of note is the sizable increase in deaths during summer.



ABS COVID-19 MORTALITY REPORT UPDATE

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

- **91% of deaths due to COVID-19 had other conditions** certified on the death certificate
- **Only 9% 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.*"

- There are 2,639 death registrations that have been received by the ABS where an individual is certified as having died from or with COVID-19 to 31 January 2022
- Approximately **1% of the 273,901 death registrations** certified during the pandemic are of people who **died with or from COVID-19**
- 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 that has lead to death
- For death registrations received by ABS up to 31 January 2022 there were **83 people who died with COVID-19** rather than directly from the virus itself

IRRECONCILABLE STATISTICS

In NSW there are three channels of reporting on COVID-19:

- Daily media release (Media Report)
- Weekly Surveillance Report (Surveillance Report)
- Weekly COVID-19 Critical Intelligence Unit Monitor (Monitor Report)

The Surveillance Report looks at the epidemiology and includes clinical severity by vaccination status, which allows us to investigate the effectiveness of vaccines. Each report uses different terms to define vaccination status and the only report that has a glossary of terms that defines this is the Surveillance Report. It is for these reasons we have relied on the data from this report.

The terms used to define vaccination status continue to change. '*Unvaccinated*' is being used in Media and Monitor Reports, but not in the Surveillance Report.

We are led to believe that '*no effective dose*' means '*unvaccinated*', but according to the report glossary, it does not.

The Surveillance Report employs continuously shifting definitions of '*vaccination status*'. These reports also contradict the Media and Monitor Reports which use the terms '*unvaccinated*' and '*double vaccinated*', but never define them.

The media and government have relied on the Media and Monitor Reports for their commentary; however, we can show statistically significant discrepancies when reconciling figures between each report.

Three effective doses	Cases reported as having three effective doses have had a third dose of COVID-19 vaccine at least 60 days after a valid second dose and 14 days prior to COVID infection. This includes people who are immunocompromised and have had a third primary dose (recommended 2-6 months after second dose), and non-immunocompromised people who have had a booster dose.
Two effective doses	Cases reported as having received two effective doses have received their second vaccine dose at least 14 days prior to known exposure to COVID-19, and have not yet received an effective third dose.
One effective dose	Cases reported as having one effective dose received their first dose of a two-dose vaccination course at least 21 days prior to known exposure to COVID-19, or received their second dose of a two-dose vaccination course less than 14 days prior to known exposure to COVID-19.
No effective dose	Cases reported as no effective dose received their first dose of a two-dose vaccination course less than 21 days prior to known exposure to COVID-19, or have not received any vaccine dose. Using the phrase "no effective dose" indicates that an insufficient period of time has elapsed to allow for maximal immune response provided by the vaccine. It does not indicate that vaccines are ineffective. Historical cases in children aged 5-11 between 16 June 2021 and 9 January 2022 have been assigned No effective dose, as have all cases in children aged 0-4 since 16 June 2021.
Unknown	Cases reported with an unknown vaccination status are those whose vaccination status has not yet been determined via searching the Australian Immunisation Register and/or via case interview.

Vaccinated persons with known COVID-19 exposure, can be reclassified to '*no effective dose*' or '*one effective dose*', biasing the statistics in favour of the government narrative that vaccines reduce severity.

Regardless of this reporting bias, the Surveillance Report shows **the overwhelming portion** of severe COVID-19 are in people who have **received at least one effective dose of the vaccine**.

This Table is taken from the Week 5 Surveillance Report which shows:

- **69%** of severe COVID-19 cases **have been vaccinated**
- 13% defined as 'no effective dose', which includes those who received their first dose less than 21 days prior to known exposure
- 19% have an unknown vaccination status

Total COVID-19 cases by vaccination status and week reported, NSW, 16 June 2021 to 5 February 2022

	Third or more effective doses	Two effective doses	One effective dose	No effective dose	Unknown	Total
16 Jun - 25 Nov 2021	2 (<1%)	6,923 (9%)	6,928 (9%)	53,152 (71%)	8,311 (11%)	75,316
26 Nov 2021 – 5 Feb 2022	42,529 (5%)	551,898 (63%)	7,188 (1%)	111,769 (13%)	165,680 (19%)	879,064
Month						
June 2021	0 (0%)	3 (1%)	11 (5%)	221 (93%)	2 (1%)	237
July 2021	0 (0%)	70 (2%)	104 (3%)	3,093 (94%)	40 (1%)	3,307
August 2021	0 (0%)	570 (3%)	818 (4%)	16,508 (87%)	1,084 (6%)	18,980
September 2021	0 (0%)	2,638 (8%)	3,946 (11%)	22,057 (63%)	6,230 (18%)	34,871
October 2021	2 (<1%)	1,892 (15%)	1,734 (14%)	8,145 (66%)	587 (5%)	12,360
November 2021	3 (<1%)	2,160 (33%)	339 (5%)	3,591 (55%)	448 (7%)	6,541
December 2021	2,039 (2%)	92,792 (70%)	1,141 (1%)	12,927 (10%)	23,268 (18%)	132,167
Week ending						
15 Jan 2022	8,095 (4%)	113,220 (63%)	1,520 (1%)	21,339 (12%)	36,806 (20%)	180,980
22 Jan 2022	7,724 (6%)	77,611 (59%)	1,062 (1%)	20,448 (16%)	24,886 (19%)	131,731
29 Jan 2022	9,181 (8%)	62,094 (56%)	905 (1%)	19,860 (18%)	19,707 (18%)	111,747
5 Feb 2022	8,202 (11%)	38,354 (50%)	592 (1%)	15,857 (21%)	13,326 (17%)	76,331

* Vaccination status is updated regularly using both the Australian Immunisation Register and the patient's interview. See Glossary for details of vaccination status categories. The increase in cases with an unknown vaccination status since December 2021 is due to no record being found in AIR, and NSW Health no longer interviewing every case, such that cases cannot provide further information about vaccination. These cases likely represent a mix of those with two or more effective doses, and those with no effective dose. The table excludes 180,433 positive RATs registered up to 19 January 2022.

We have closely analysed and tabled each Media Report between 2 January 2022 and 5 February 2022.

We have discerned that the 'weekly' Surveillance Report doesn't provide weekly figures for CHIDs, so we have to calculate these by subtracting a week's totals from the previous week's totals. We have only done this for 2022 because the report cumulate changed from 16/6/2021 to 26/11/2021 on the week 52 report.

In the process of tabling this disparate data, we discovered several problems:

- The calculated weekly values from the Surveillance Reports for CHIDs never add up to the calculated daily values in the Media Reports for the same week.
- The daily Media Reports do not label the vaccination status in the same way that the Surveillance Report does.
- The daily Media Reports do not have a vaccination status for 'unknown' and while the figures don't add up, it appears the daily Media Reports are bundling these cases under 'not vaccinated'.

The surveillance report states:-

* There is often a delay between a person becoming ill with COVID-19 and subsequently requiring a hospitalisation or dying. Since 16 June 2021, the median time between onset and hospitalisation is 4 days and between onset and death is 12 days. Therefore, hospitalisations and deaths are under-reported for the most recently notified cases.

Even despite the inaccuracy in reporting, the ratios for Hospitalisations ICU admissions and Deaths in the Week 5 2022 report are:

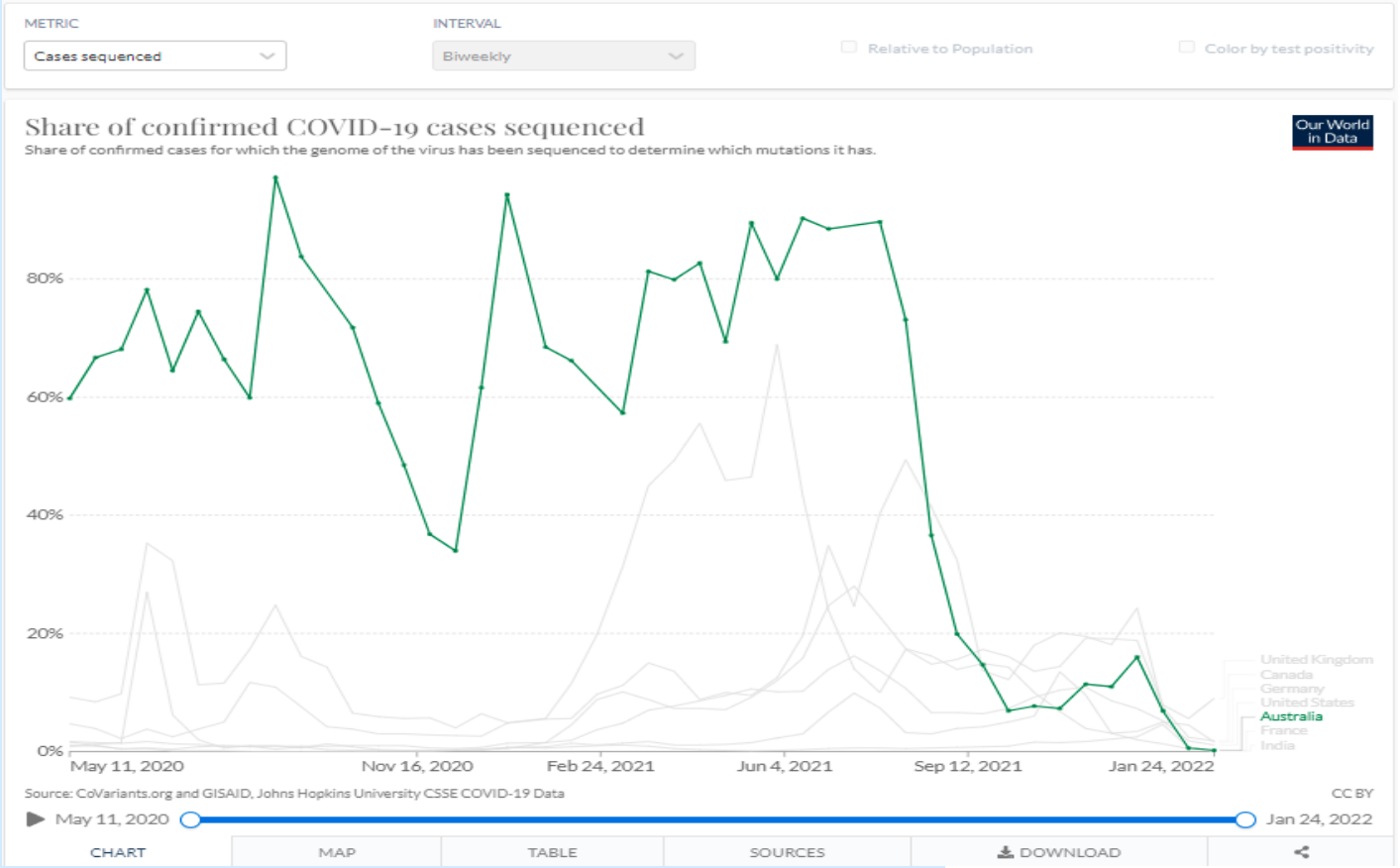
- Percentage of hospitalisations with no effective dose – 9.97%
- Percentage of ICU admissions with no effective dose – 10.48%
- Percentage of Deaths with no effective dose – 21.11%

WHAT IS THE REAL SPIKE?

Genomic sequencing can differentiate strains introduced and help identify a source case. The aim is to sequence every positive case.

It has been claimed that the wave of cases of COVID-19 in Australia's summer is due to the Omicron variant, yet genomic sequencing had significantly dropped immediately prior, and the Surveillance Report states the current priority for genome sequencing is cases admitted to ICU, making it difficult to conclude with certainty that most infections/cases are due to Omicron.

- Vaccination rates passed 70% of the total population, which occurred around 17 November 2021
- The first case of Omicron occurred on 26 November 2021
- Genomic sequencing rates dropped to around 11% at this time and sit at 0.5% as of 5 February 2021
- The first booster shots were administered in early October 2021



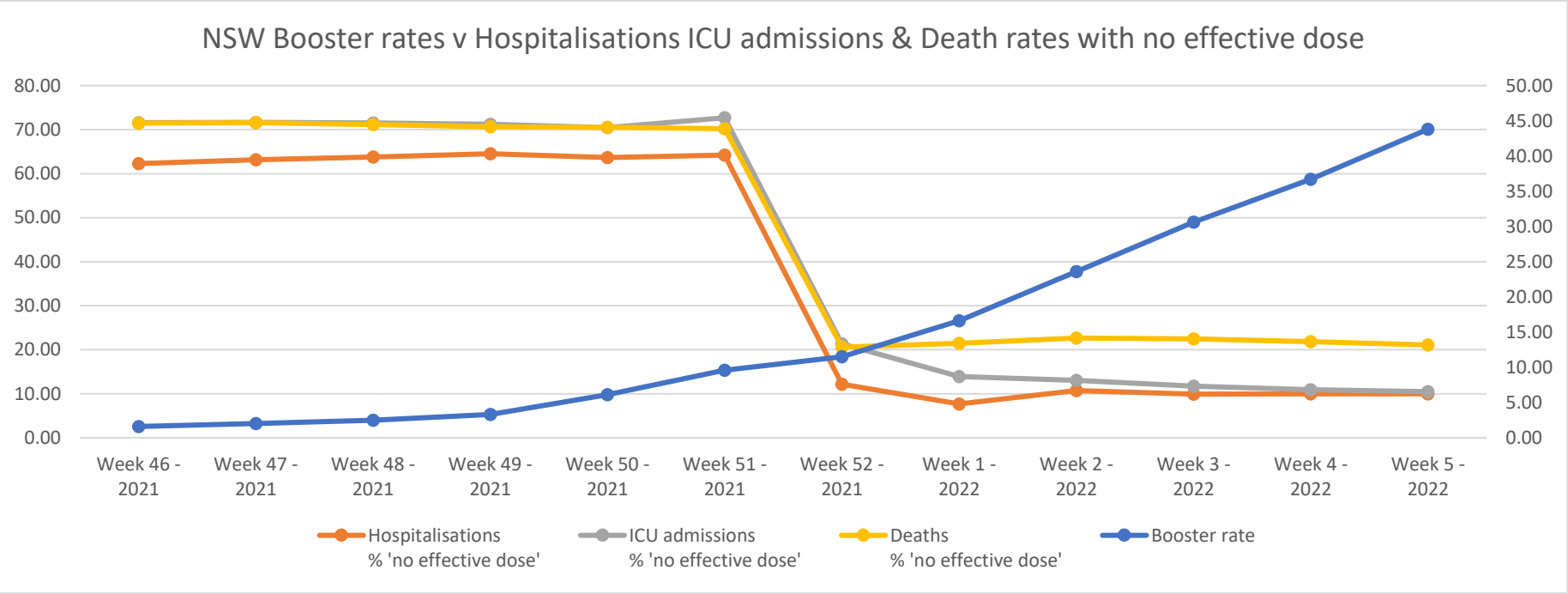
Western Australia has had strict border restrictions in place for a considerable amount of time, in the hope it will prevent an outbreak of COVID-19 in the State. The government restrictions and coercive vaccine mandates have played a major role in becoming the second most vaccinated region behind the ACT.

On February 28, 2022, Western Australia recorded 5994 active cases, with the biggest increase of 1179 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.

Does this correlation between high vaccination rate, uptake of boosters and surge in cases hint that the vaccines are somehow adversely affecting the immune system, increasing vulnerability to the very thing it is supposed to protect us from?

The following chart depicts how the rate of hospitalisations, ICU admissions and Deaths in people with 'no effective dose' has plunged.



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.

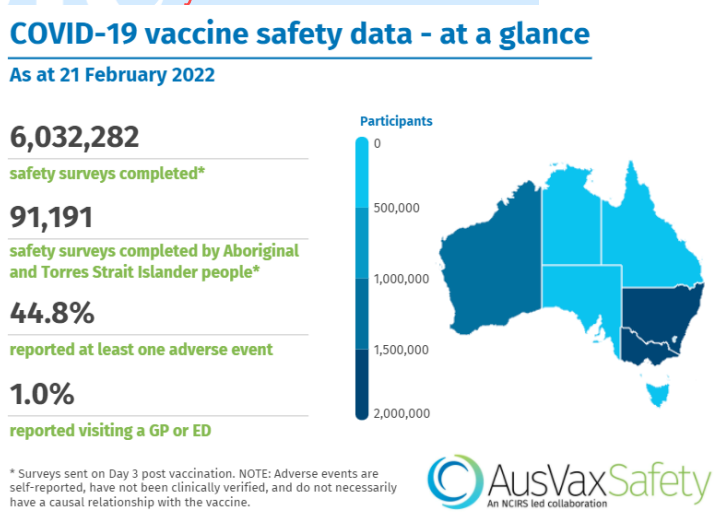
TGA Adverse Events

Total adverse event reports to 13 February 2022

2.1	111,035	53,297,217
Reporting rate per 1000 doses	Total AEFI reports received	Total doses administered
45,314	61,057	4,709
Total reports for Vaxzevria	Total reports for Comirnaty	Total reports for Spikevax

TGA has **reported 769 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 6,032,282 surveyed reported at least one adverse event, equating to **2.7 million adverse events with over 27,000 reported 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.

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 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 CHID's. In fact, they appear to be exacerbating CHID's.

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 including 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.

Because of Western Australia's strict border restrictions and high vaccination rates, this group can be considered a virtual control group. Considering their statistically significant spike in transmission, hospitalisations and their first death since May 2020, it is a compelling argument that the social measures and mass vaccination is a distinct failure.

We must now consider what the acceptable threshold for safety is for products that are ineffective, with significant waning immunity. Combined with increasing CHID's, the 11 confirmed deaths relating to vaccination, together with the significant number of other serious adverse events and under-reporting of adverse events, 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