



## Analysis of Covid-19 vaccine effectiveness claims in Australia Supplementary Report 3

Commissioned by People for Safe Vaccines  
Presented by Sandy Barrett and Serene Teffaha  
Dated 19 April 2022

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

## 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

This is a further Supplementary Report to our previous reports, which can be found [here](#). The purpose of this supplementary report is to further **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**. In this report we examine the situation nationally and in WA, ACT, QLD and NSW using available official data sets.

# CONTENTS

BOOSTER UPPER.....	4
AUSTRALIAN DATA.....	6
THE FAILED FORTRESS OF WESTERN AUSTRALIA.....	9
CONTROL GROUP NUMBER ONE .....	9
THE "MOST VACCINATED GROUP" AWARD GOES TO THE A.C.T.....	12
CONTROL GROUP NUMBER TWO.....	12
RIGHT ROYAL MESS .....	14
QUEENSLAND .....	14
STATE OF EMERGENCY.....	16
NEW SOUTH WALES .....	16
UPDATE ON INJURIES.....	18
ABORT MISSION.....	20
WITHDRAW THE VACCINES .....	20
SUPPORT OUR WORK.....	22
BECOME A MEMBER.....	22

## BOOSTER UPPER

The official line is that physical distancing and hygiene measures, put in place to slow COVID-19 transmission, have likely slowed the spread of COVID-19 and other infectious diseases including influenza. Now that borders have reopened, people are moving about and returning from overseas, and this is causing an increase in the rate of COVID-19 transmission.

Nationally, [over 95%](#) of the adult population having already received two doses and over 64% have also received a third dose already, showing that the vaccines are not providing suitable protection across the community.

Is it possible that isolating people only delayed the inevitable, natural herd immunity and that the vaccines are actually increasing susceptibility to the disease? These are significant questions that should be investigated further before more harm is done. Yet, on 25 March 2022 the Australian Technical Advisory Group on Immunisation (ATAGI) [recommendations](#) on the use of a booster dose of COVID-19 vaccine were updated.

In its introduction it states "*The **overarching goal of Australia's COVID-19 vaccination program is to protect all people in Australia from the harm caused by SARS-CoV-2, primarily through preventing serious illness and death. As the virus that causes COVID-19, SARS-CoV-2, is likely to become endemic in Australia, ATAGI strongly advises that the highest priority for providing optimal community-wide protection against COVID-19 is achieving very high vaccination coverage of primary vaccination doses for all eligible Australians.***"

Recommending booster doses for all Australians aged 16 years and above, is aimed at mitigating apparently waning immunity and the emergence of variants.

Because it has been shown that natural immunity is stronger and more long-lasting, and due to the fact that these vaccines have been less effective on new variants, one can only conclude these recommendations are intended as an experiment, rather than based in logic and science.

If the overarching goal is to protect all people by preventing serious illness and death, then after 13 months of COVID-19 vaccines and achieving very high vaccination coverage, we should expect to see a reduction in serious illness and death, yet this has not come to pass.

There is serious doubt over the current outbreak being Omicron or another variant because sufficient genomic sequencing is currently not being conducted.

ATAGI claim they are "*closely examining all data on the epidemiology of COVID-19 and COVID-19 vaccine impact*", though it seems puzzling how in the ACT, with 100% of its adult population double-dosed and 76% triple dosed; cases, hospitalisations, ICU admissions and deaths are at their [highest rate](#). A very similar trend can be seen across the entire country.

## AUSTRALIAN DATA

During the COVID-19 pandemic, **scientific standards normally adhered to have been bypassed**. Long-established protocols around the discretion of the doctor/patient relationship entrenched in our laws have been broken by **government interference with the informed consent** process. A guide for healthcare practitioners [set out by the Medical Indemnity Protection Society](#), suggesting ways to avoid 'notifications' from the Australian Health Practitioner Regulating Agency (AHPRA), states:

*"Health practitioners are obliged to ensure their views are consistent with public health messaging. This is particularly relevant in current times. **Views expressed which may be consistent with evidence-based material may not necessarily be consistent with public health messaging.**"*

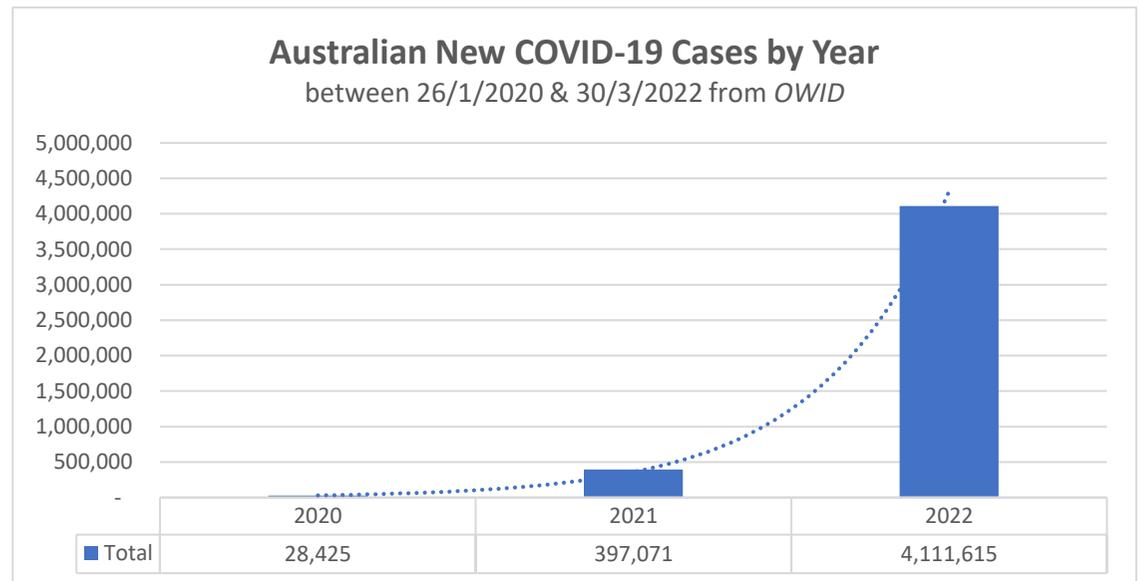
Health practitioners are thereby threatened with sanctions from unqualified bureaucrats where evidence-based science diverges from their directions.

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**.

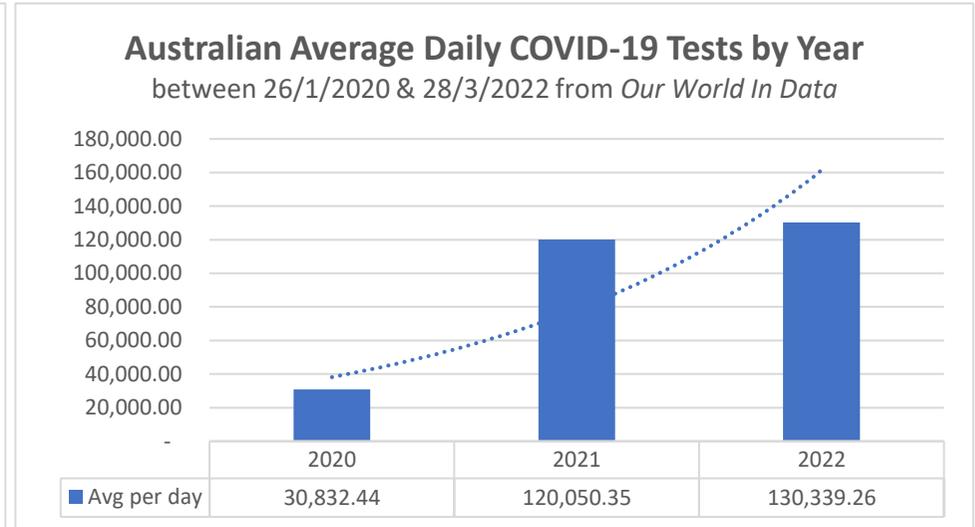
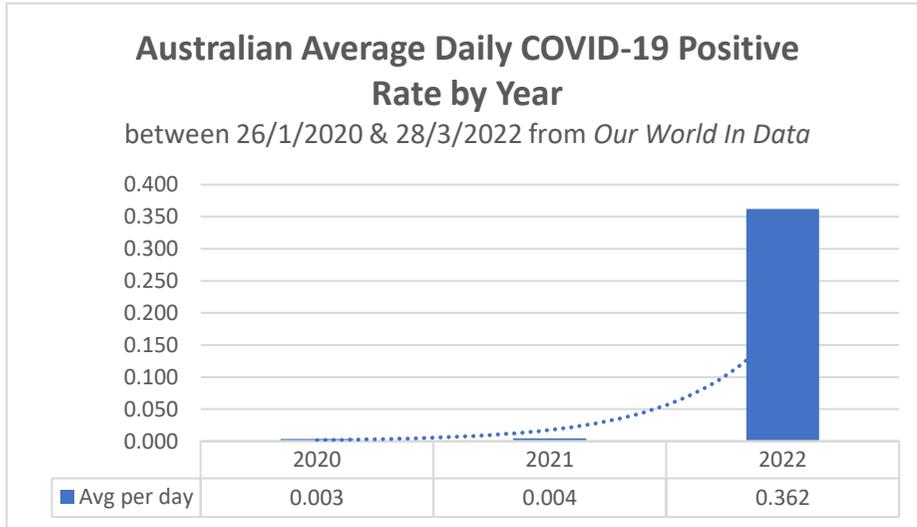
Working on daily averages for each year, in the first 88 days of 2022, compared with the whole of 2021, there has been a daily average of:

- 46722 new cases, **42.8 times more than 2021 & 599 times more than 2020**
- 3119 new hospitalisations, **7.2 times more than 2021 & 28.3 times more than 2020**
- 230 new ICU admissions, **2.8 times more than 2021 & 15.7 times more than 2020**
- 42.5 new deaths, **11.4 times more than 2021 & 17 times more than 2020**

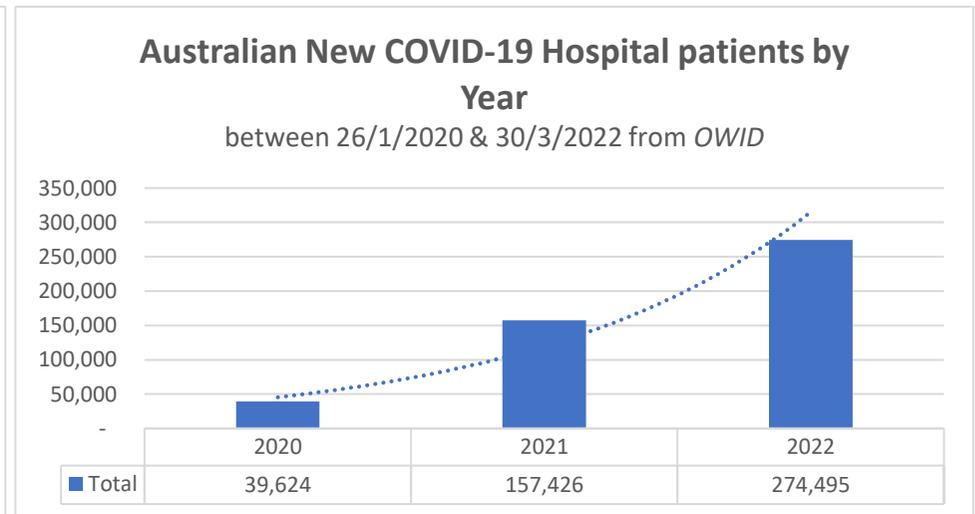
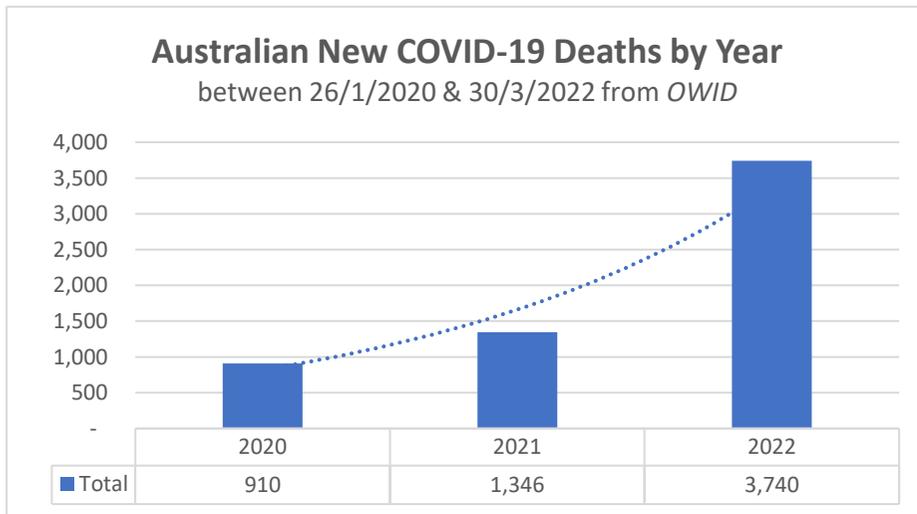
It is apparent from the data that increased Cases, Hospitalisations, ICU admissions and Deaths (CHIDs) paralleled with increased vaccination rates, clearly indicate that the alleged **COVID-19 vaccines have failed to reduce transmission and severity**.



Testing rates are similar to 2021 rates, however **Positive Rates** (the portion of tests resulting in positive diagnosis) are **>82 times higher** compared with 2021.



New deaths are **>11 times higher** than 2021 daily average and new hospitalisations are **>7 times higher** than 2021 daily averages.



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?

With such high vaccination rates (officially [95.3% double-dose and 63.3% boosted nationally as of 18 April 2022](#)), it is feasible that the majority of new cases, hospitalisations, ICU admissions and deaths, are in vaccinated individuals. Certainly, the NSW surveillance reports are showing this to be true.

[Genomic sequencing](#) is only being done on **0.8% of cases**. This is the only way to truly verify the variant.

We were warned that these vaccines might create antibody dependent enhancement (ADE), a condition in which the antibodies actually facilitate infection rather than defend against.

Because genomic sequencing is not being done, is it possible this is not an Omicron outbreak but a pandemic of ADE because of the vaccines?



# 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**.

Despite the harsh border closures and forcing vaccines on nearly its entire workforce, resulting in the second highest vaccination rate in the country, COVID-19 cases in WA continue to rise and cases with clinical severity requiring hospitalisations and ICU admissions, and deaths have ballooned.

### Key facts as of 5 April 2022:

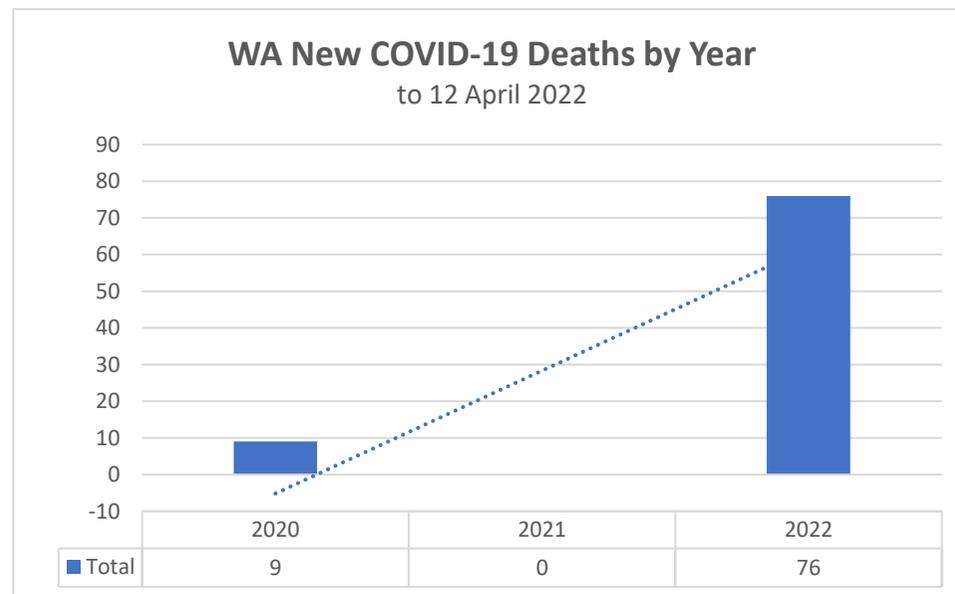
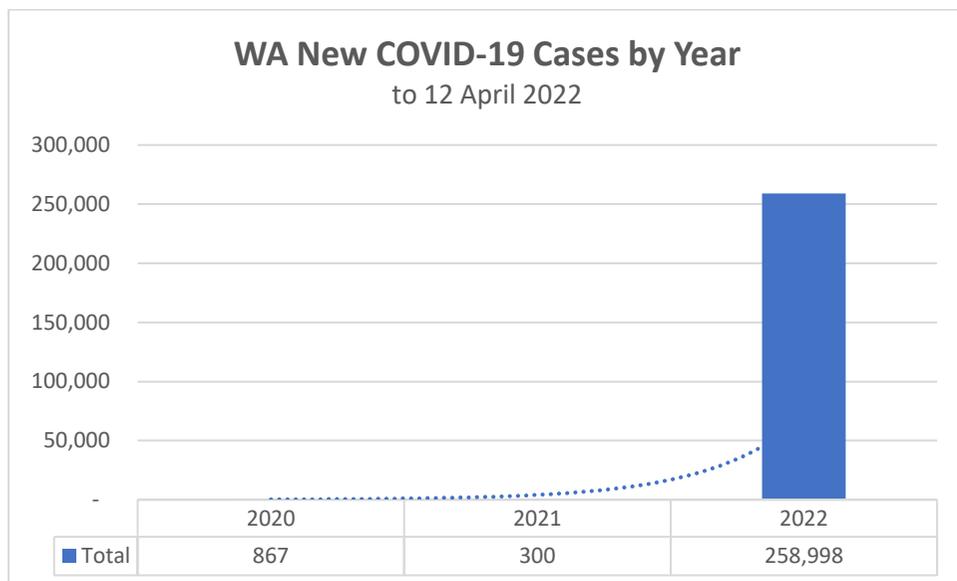
- 93.95% First Dose rate 5+yrs
- 89.28% Second Dose rate 5+yrs
- 74.3% Third Dose rate 16+yrs
- 48,049 active cases
- 166,813 new cases in March alone

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

- The previous peak of the pandemic was 30 March 2020 when 44 cases were recorded in one day
- 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 5 April 2022, a surge of new cases has brought the total cases to 210,729, a **>83-fold increase in 49 days**

Working on daily averages for each year, in the first 101 days of 2022, compared with the whole of 2021, in WA there has been:

- An average of 2564 new cases daily, **3111 times more than 2021**
- An average of 65.9 new hospitalisations daily, **156.9 times more than 2021**
- An average 2.2 new ICU admissions daily, **11.6 times more than 2021**
- An average of 0.75 new deaths daily, **30.5 times more than 2020**



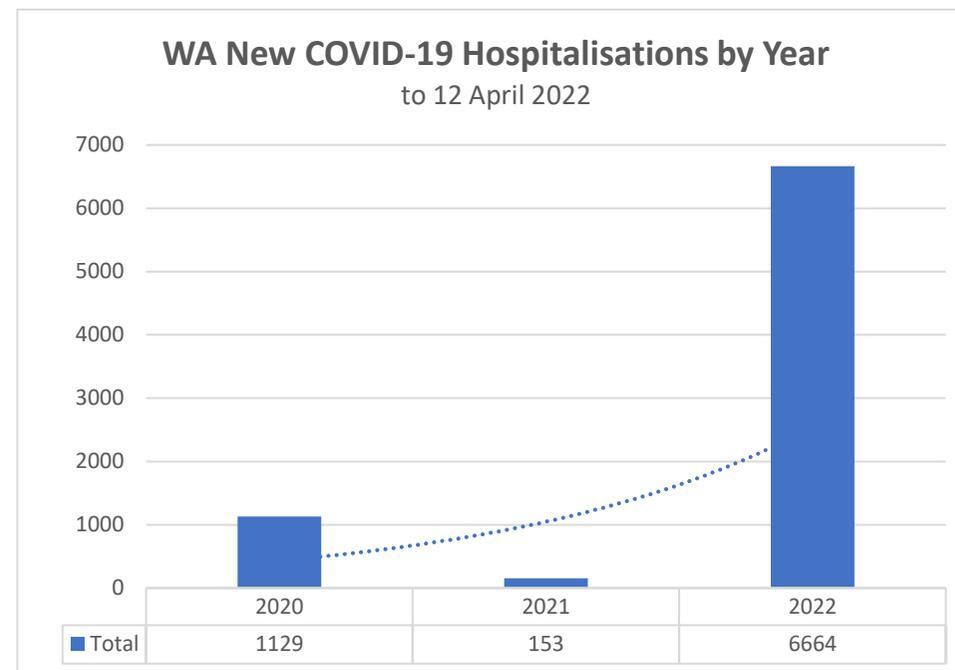
This correlation between high vaccination rates, uptake of boosters and the surge in cases, severe illnesses and deaths should compel public officials and scientists to investigate how the vaccines are associated with the increase in cases, severe illnesses and deaths.

At first these alleged vaccines were supposed to reduce transmission. When this proved an obvious failure, they were touted as the best way to reduce hospitalisations and deaths. The statistics clearly show this too is a failure.

WA has a [COVID Vaccine Adverse Reactions Clinic](#) at Sir Charles Gairdner Hospital where upon calling to make an **appointment, we are told that wait times for people suffering adverse events from the COVID-19 vaccines may be up to six months due to “high case load”**, according to the WA Department of Health.

This reveals that the State’s public health response has not only exacerbated COVID-19 prevalence in the community, but it has also created a new and more dangerous public health crisis, a genuine pandemic of vaccine injuries, adding enormous pressure to the medical system.

If their aim is reducing the load on the hospital system, based on the plainly disastrous effects of the current policies, they should immediately cease the vaccine rollout and all social restrictions, including reinstating healthcare workers stood down, to address those patients with vaccine injuries.



# THE “MOST VACCINATED GROUP” AWARD GOES TO THE A.C.T.

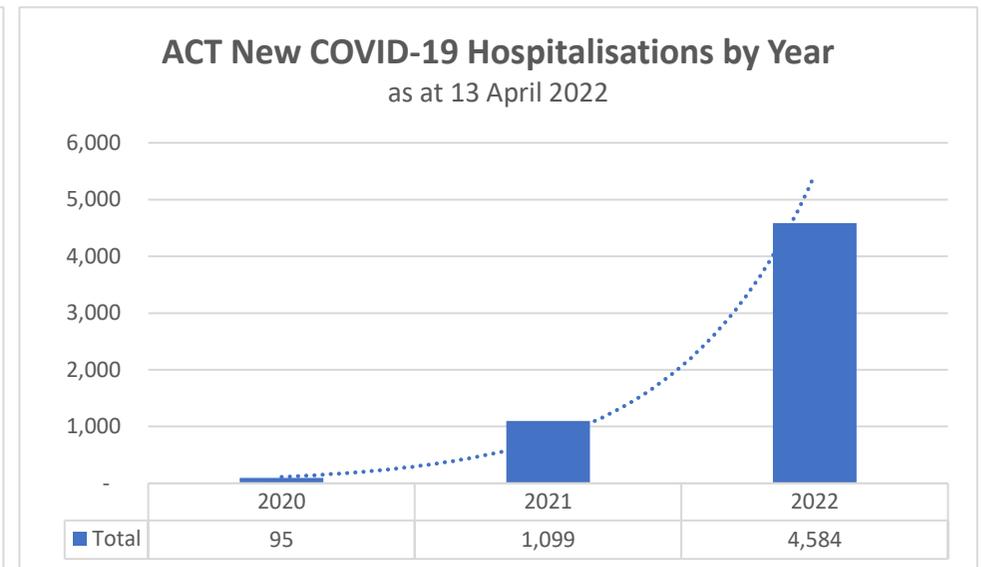
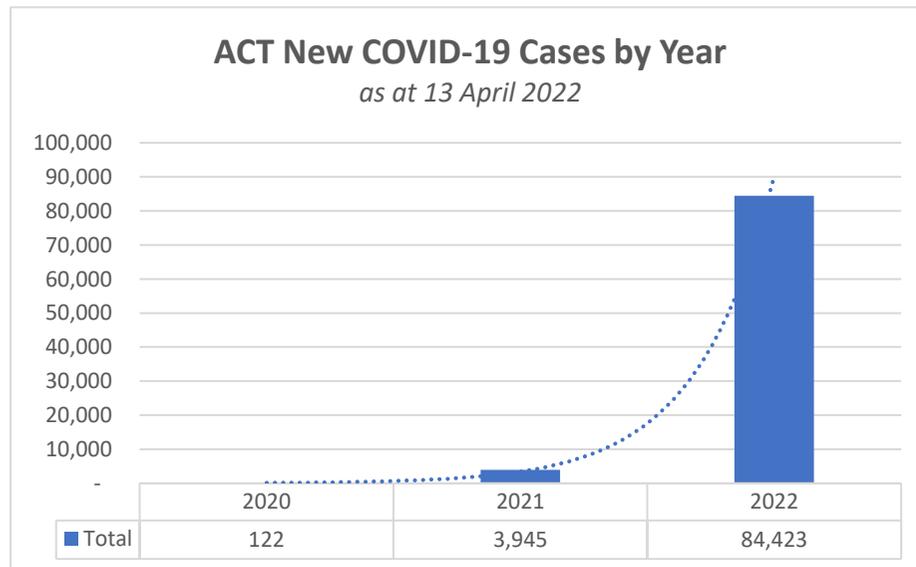
## CONTROL GROUP NUMBER TWO

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

As of 4 April 2022, **>75%** 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.

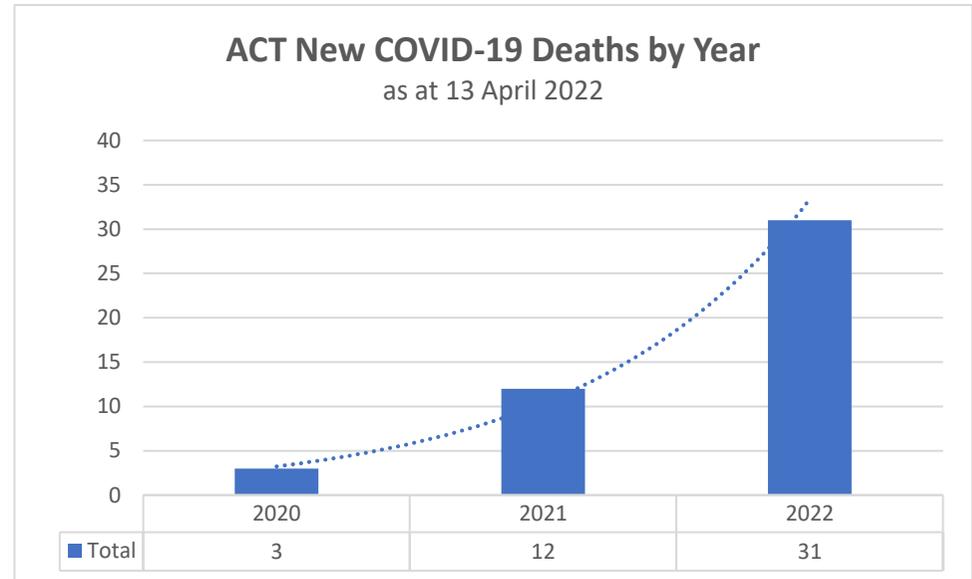
Working on daily averages for each year, in the first 102 days of 2022, compared with the whole of 2021, there have been:

- An average of 827 new cases daily, **76 times more than 2021 & 2476 times more than 2020**
- An average of 44.9 new hospitalisations daily, **14 times more than 2021 & 172 times more than 2020**
- An average 2.6 new ICU admissions daily, **2.4 times more than 2021 & 25 times more than 2020**
- An average of 0.3 new deaths daily, **9 times more than 2021 & 36.9 times more than 2020**



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

Again, if the State's aim is reducing the load on the hospital system, they should immediately cease the vaccine rollout and all social restrictions, including mandates and return all workers impacted by them.



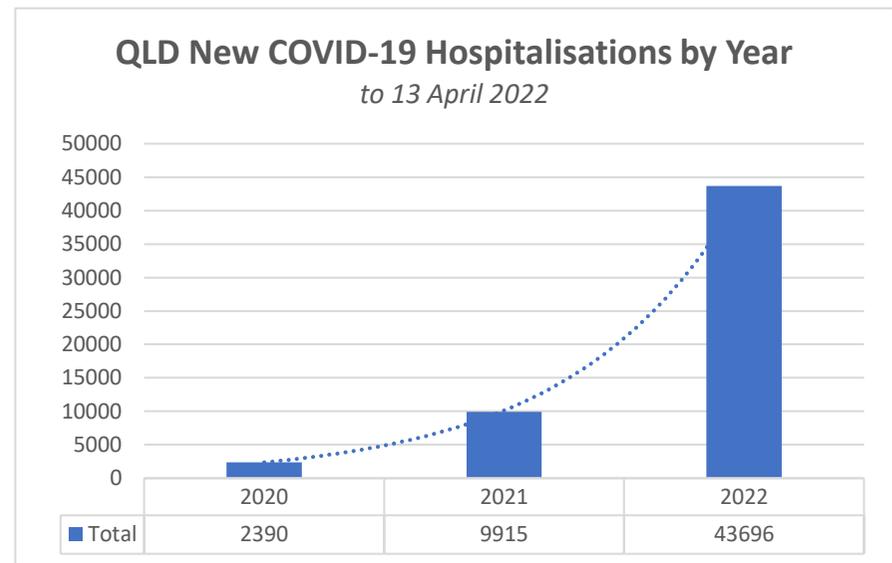
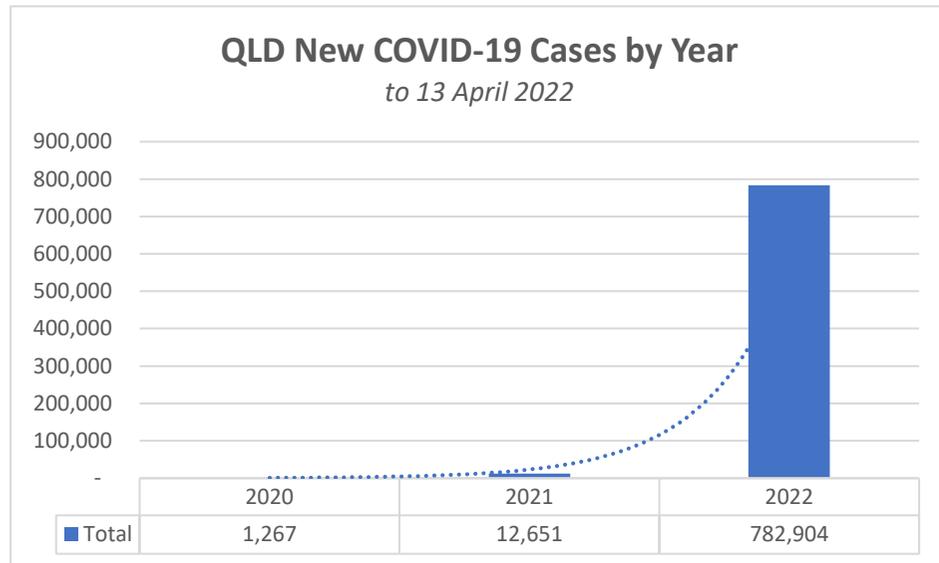
# RIGHT ROYAL MESS

## QUEENSLAND

We are seeing the same trend with huge increases in Cases, Hospitalisations, ICU admissions and Deaths; that we observe in Western Australia and the ACT.

Working on daily averages for each year, in the first 102 days of 2022, compared with the whole of 2021, there have been:

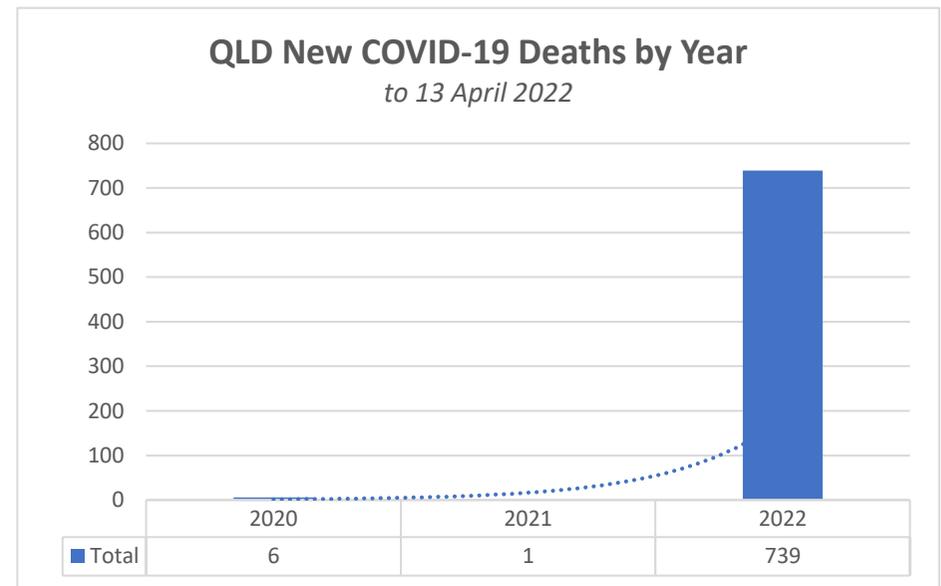
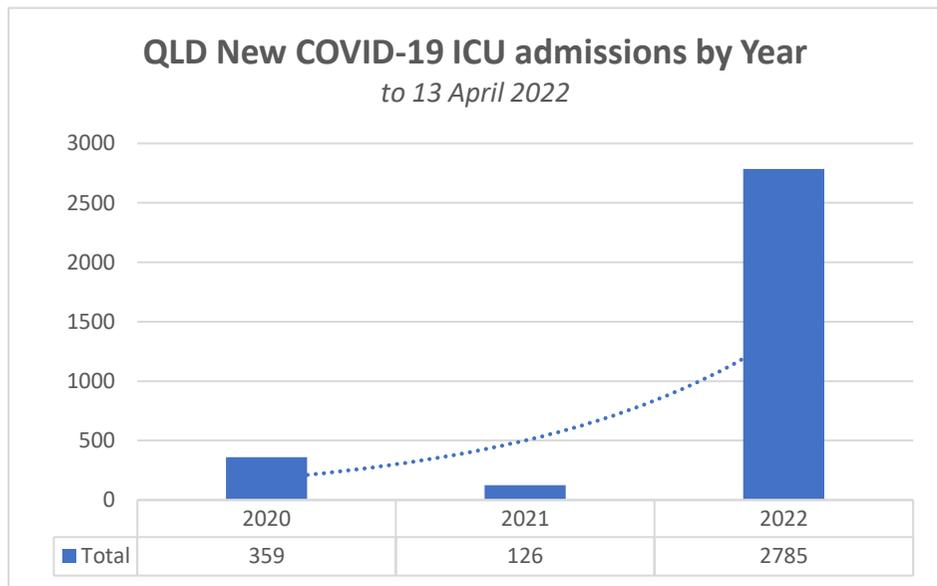
- An average of 7675 new cases daily, **220 times more than 2021 & 2211 times more than 2020**
- An average of 428 new hospitalisations daily, **15 times more than 2021 & 65 times more than 2020**
- An average 27 new ICU admissions daily, **78 times more than 2021 & 27 times more than 2020**
- An average of 7.2 new deaths daily, **2637 times more than 2021 & 440 times more than 2020**



With 2637 times more deaths in the first 102 days of 2022, as compared with the entire year of 2021, this is perhaps the biggest red-flag event in Queensland so far.

If the State's aim is reducing the load on the hospital system, they should immediately cease the vaccine rollout and **all** mandates and social restrictions.

A thorough, independent, and transparent investigation into increased clinical severity of COVID-19; post-vaccine rollout, should be conducted immediately.



Of note, the 12 March 2022, the April 2020 Direction to prevent prescribing, dispensing or supplying Hydroxychloroquine as a treatment for COVID-19, was quietly [revoked by the Chief Health Officer](#). This was soon followed by the announcement that most vaccine mandates would come to an end on 14 April 2022.

Perhaps the government grasps the magnitude of the problem the State is facing and is now willing to include this effective treatment and preventative as a valid measure to curb the unhinged numbers.

# STATE OF EMERGENCY

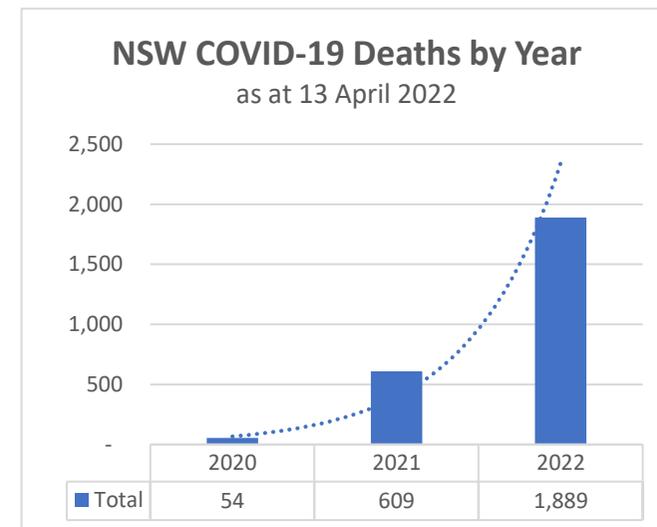
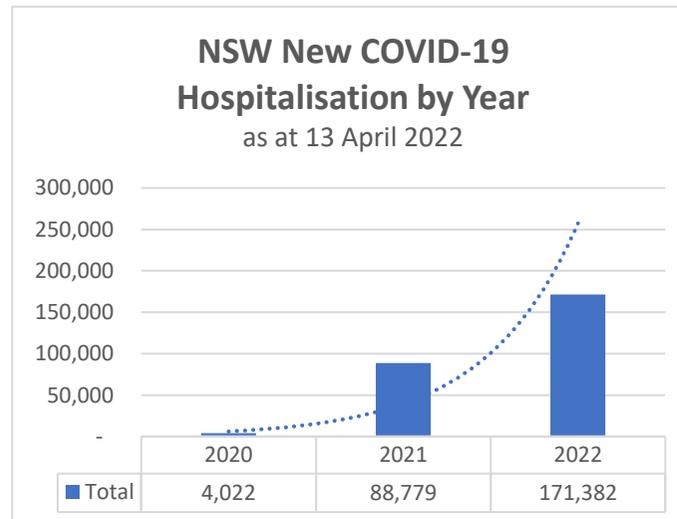
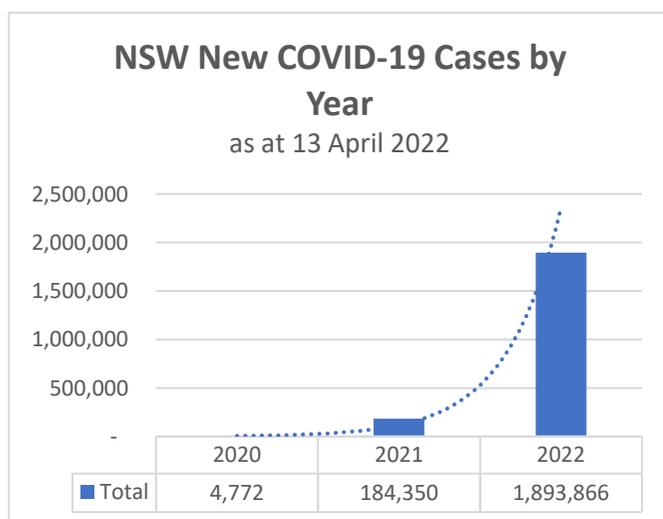
## NEW SOUTH WALES

As we have extensively covered the situation in New South Wales in our earlier reports, this section provides a basic update of the statistics, including a yearly comparison.

As of 6 April 2022, **>91% of its eligible population has received at least one dose, >87% two doses and >60% three doses** of a COVID-19 vaccine.

Working on daily averages for each year, in the first 102 days of 2022, compared with the whole of 2021, there have been:

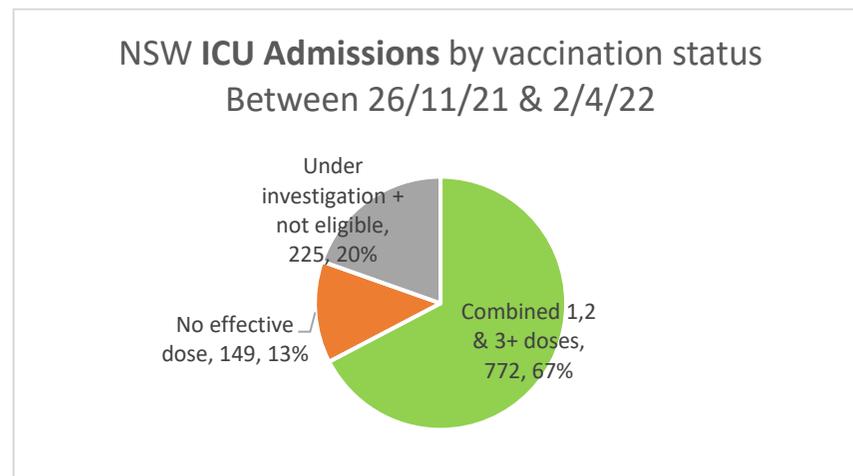
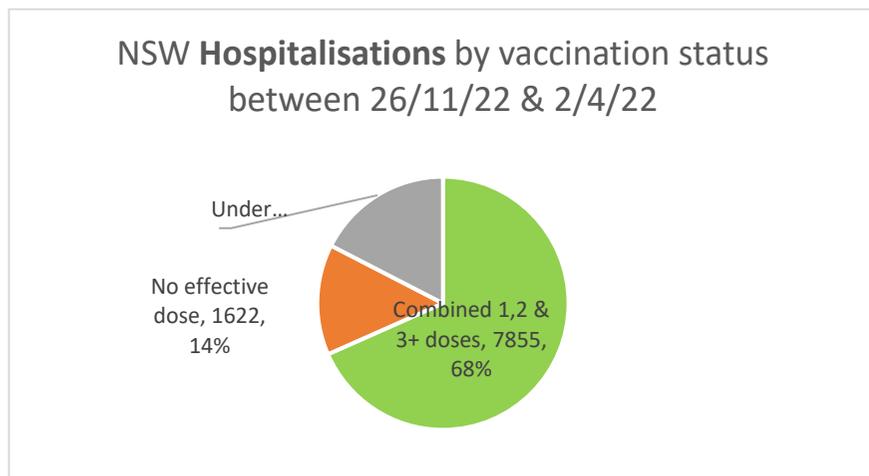
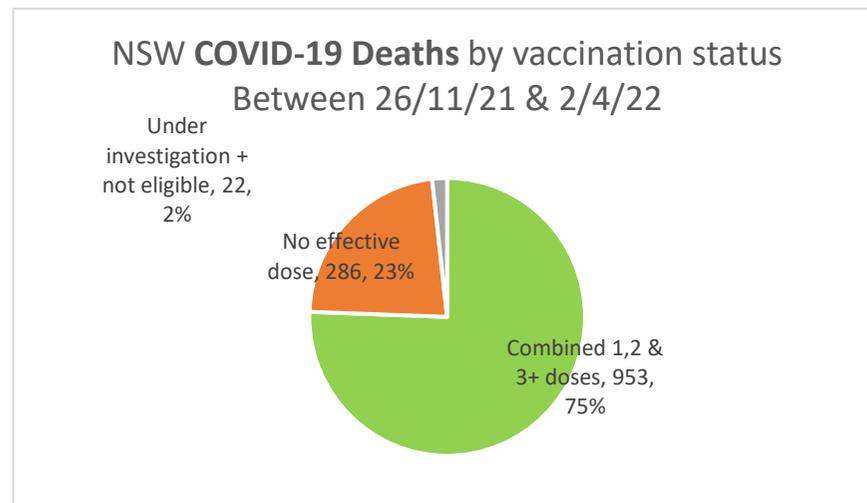
- An average of 18567 new cases daily, **36 times more than 2021 & 1420 times more than 2020**
- An average of 1680 new hospitalisations daily, **6.8 times more than 2021 & 152 times more than 2020**
- An average of 18.5 new deaths daily, **11 times more than 2021 & 125 times more than 2020**



There is still no true definition for 'unvaccinated' with the vaccination status 'no dose/unknown' on the weekly overview report being undefined. Regardless of this reporting bias, the real-world data shows a clear correlation between increased CHIDs and vaccination, and COVID-19 with clinical severity remains overwhelmingly in the vaccinated cohort.

The NSW COVID-19 Weekly data overview epidemiological report admits that "a greater proportion of people admitted to hospital or ICU with COVID-19 are now vaccinated with two or three doses", yet still claim the unvaccinated are far more likely to suffer severe COVID-19. The report also states that hospitalisations with COVID-19 include those admitted for unrelated conditions, meaning such admissions aren't prevented by vaccination.

Our ongoing criticism of the NSW COVID-19 reporting is its failure to provide real granular data including hospitalisations, ICU admissions and deaths where admission was unrelated to COVID-19 and separating cases where no injection of a COVID-19 vaccine has been administered. Without this data their claims that the unvaccinated are significantly overrepresented among COVID-19 deaths, patients in hospital and ICU are unsubstantiated.



## UPDATE ON INJURIES

The [TGA states](#) that "*Large scale vaccination means that some people will experience a new illness or die within a few days or weeks of vaccination. These events are often coincidental, rather than being caused by the vaccine.*"

We have shown that the claims these vaccines are effective, is inaccurate, and we can now see the claims they are safe are also misleading because there are 2.1 adverse events to every 1000 doses and the TGA is carefully monitoring and reviewing many serious side-effects including death, myocarditis, pericarditis, Guillain-Barre syndrome, thrombosis type illness, cardiac arrest and more.

While there are almost 2.8 million adverse events reported through [AUSVAX Safety](#) and over 121,000 to the TGA, including 819 deaths, there are many deaths and significant health issues being considered 'coincidental' that are simply ignored.

For example, [research](#) indicates that these COVID-19 vaccines, especially the mRNA kind, are damaging T-Cell responses. The body's natural T-Cell function keeps these viruses from being expressed, so this damage can bring about a reactivation of latent DNA viruses such as Epstein-Barr, infectious Mononucleosis, Shingles, Herpes and cytomegalovirus. This is a form of vaccine-induced Acquired Immuno Deficiency Syndrome.

We are seeing [hundreds of reports](#) of fit and healthy sports people with severe health conditions, many leading to sudden death, where vaccination is not even being considered as a potential cause. How can the TGA claim to be carefully monitoring and reviewing vaccine safety when these red-flag events appear to be completely ignored?

In our earlier reports we highlighted the significant under-reporting of adverse events and together with AHPRA's muzzling of healthcare professionals, clearly the monitoring of safety is extremely questionable. Could this be because the [TGA, through its "Cost Recovery" funding model](#), receives most of its funding from Big Pharma?

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. For a detailed look into childhood COVID-19 vaccine injuries, see our fourth supplementary report.

## TGA Adverse Events

Total adverse event reports following immunisation to 10 April 2022

2.1	121,027	56,923,565
Reporting rate per 1000 doses	Total adverse event reports	Total doses administered
46,510	68,820	5,511
Total reports for Vaxzevria	Total reports for Comirnaty	Total reports for Spikevax
477	541	
Total reports for Nuvaxovid	Total reports for brand not specified	

TGA has reported 819 deaths and confirmed 11 were linked to vaccination.

## AUSVAX Safety

### COVID-19 vaccine safety data - at a glance

As at 11 April 2022

**6,255,606**

safety surveys completed\*

**96,777**

safety surveys completed by Aboriginal and Torres Strait Islander people\*

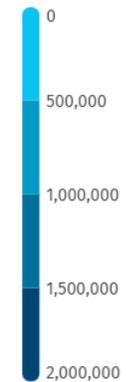
**44.7%**

reported at least one adverse event

**1.0%**

reported visiting a GP or ED

Participants



\* Surveys sent on Day 3 post vaccination. NOTE: Adverse events are self-reported, have not been clinically verified, and do not necessarily have a causal relationship with the vaccine.



# ABORT MISSION

## WITHDRAW THE VACCINES

ATAGI claims its overarching goal is to protect all people by preventing serious illness and death. If that were true, the ACT, with 100% of its adult population fully vaccinated, should not be experiencing higher rates of serious COVID-19 than ever before. However, the experience is clearly to the contrary. Based on daily averages, Australian data show significant increases across the board in 2022 compared to 2021, indicating that **the vaccines do not give protection**.

The following table summarises the key findings set out earlier in this report. The figures are current for National to 30/3/22, ACT to 13/4/22, NSW to 13/4/22, Qld to 13/4/22 and WA to 12/4/22.

	National	ACT	NSW	QLD	WA
<i>2021 Cases</i>	397,071	3,945	184,350	12,651	300
<i>2022 Cases</i>	4,111,615	84,423	1,893,866	782,904	258,998
<b><i>Yearly Comparison</i></b>	42.83 times higher	76.37 times higher	36.66 times higher	220.84 times higher	3111.4 times higher
<i>2021 Hospitalisations</i>	157,426	1,099	88,779	9,915	153
<i>2022 Hospitalisations</i>	274,495	4,584	171,382	43,696	6,664
<b><i>Yearly Comparison</i></b>	7.21 times higher	14.88 times higher	6.89 times higher	15.73 times higher	156.97 times higher
<i>2021 ICU's</i>	29,517	404	16,314	126	70
<i>2022 ICU's</i>	20,270	272	10,137	2,785	225
<b><i>Yearly Comparison</i></b>	2.84 times higher	2.40 times higher	2.22 times higher	78.9 times higher	11.6 times higher
<i>2021 Deaths</i>	1,346	12	609	1	0
<i>2022 Deaths</i>	3,740	31	1,889	739	76
<b><i>Yearly Comparison</i></b>	11.49 times higher	9.21 times higher	11.07 times higher	2637.22 times higher	75.24 times higher

While the Omicron variant is being blamed, this cannot be substantiated because only 0.8% of positive tests are having genomic sequencing performed. It is more likely that the significant increase of the virus relates to the fact that people have come out of lockdown with lower immunity and the process of natural herd immunity is occurring. However, because Australia has such a high rate of vaccination, a combination of vaccine escape variants, vaccine induced COVID-19, immune depletion/exhaustion, antibody dependant enhancement, pathogenic priming and poisonous agents might also be at play and this needs to be thoroughly investigated.

There is a clear correlation between high vaccination rates, uptake of boosters and the surge in cases, hospitalisations and deaths. At first these alleged vaccines were supposed to reduce transmission. When this became an obvious failure, they were touted as the best way to reduce hospitalisations and deaths. The statistics clearly show this too is a failure and we conclude that the public health response has not only exacerbated COVID-19 prevalence in the community, but it has also created a new and more dangerous crisis, a genuine public health pandemic of vaccine injuries, adding enormous pressure to the medical system.

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 and we believe the rollout should be halted immediately and a thorough independent and transparent investigation be done.

## 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>

