

## Vaccination COVID-19

Last update 12 May 2022

### Available vaccines:

The following vaccines are available world-wide to supposedly protect against a COVID-19 infection. Generally, they do not prevent you from becoming infected (i.e., they are not sterilizing inoculations), but are promoted as being able to produce antibodies that will diminish the severity of the disease.

Vaccine	Type	Country of Origin	UK Status
Pfizer-BioNTech	mRNA	Germany/USA	Emergency Authorisation
Moderna	mRNA	USA	Emergency Authorisation
CureVac	mRNA	Germany	Trials
Oxford-AstraZeneca	Viral Vector	UK/Sweden	Emergency Authorisation
Sputnik V	Viral Vector	Russia	Unavailable
Johnson & Johnson	Viral Vector	USA	Unavailable
Convidecia	Viral Vector	China	Unavailable
Sinopharm	Inactivated Virus	China	Unavailable
CoronaVac	Inactivated Virus	China	Unavailable
Covaxin	Inactivated Virus	India	Unavailable
CoviVac	Inactivated Virus	Russia	Unavailable
EpiVacCorona	Subunit	Russia	Unavailable
RBD-Dimer	Subunit	China	Unavailable
Novavax	Subunit	USA	Trials
Soberana 02	Subunit	Cuba	Unavailable
Sanofi-GSK	Subunit	France/UK	Trials

Most vaccines currently require two doses to become fully effective.

### Adverse Effects Monitoring:

Adverse effects from vaccination are monitored in the UK, Europe and the USA.

#### Area: UK

Reporting Database: Yellow Card

Ref: <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>

Vaccine	Date	1st Doses	2 <sup>nd</sup> doses	Injuries	Deaths
Pfizer-BioNTech	April 28, 2021	11.4m	8.1m	154,776	364
Oxford-AstraZeneca	April 28, 2021	22.6m	5.9m	598,985	722

Moderna	April 28, 2021	0.1m		1,996	2
Brand Unspecified	April 28, 2021			1,807	14

As of April 28, 2021, 1,102 deaths resulting from these vaccines are reported! From the above figures approximate death rate for the Pfizer-BioNTech vaccine is 1 in 53k, for AstraZeneca 1 in 39k and Moderna 1 in 50k.

**Area: Europe**

Reporting Database: EudraVigilance

Ref: <http://www.adrreports.eu/en/index.html>

Vaccine	Date	Injuries	Deaths
Pfizer-BioNTech	March 13, 2021	102,100	2,540
Oxford-AstraZeneca	March 13, 2021	54,571	451
Moderna	March 13, 2021	5,939	973

**Area: USA**

Reporting Database: Vaccine Adverse Event Reporting System (VAERS)

Ref: <https://vaers.hhs.gov/data.htm>

Vaccine	Date	Injuries	Deaths
Pfizer-BioNTech	March 19, 2021	23,909	752
Moderna	March 19, 2021	19,430	856

Reporting is not mandatory so not all adverse reaction will be included. For example, it is commonly reported that VAERS, because of its non-mandatory nature only captures around 1% of adverse vaccination events in the USA!

**Should one vaccinate?**

I have many worries whether I should get a COVID-19 vaccination or not. I summarize my current thinking below:

*“To be, or not to be, that is the question:  
Whether 'tis nobler in the mind to suffer  
The slings and arrows of outrageous fortune,  
Or to take arms against a sea of troubles  
And by opposing end them.”*

My main concerns are as follows:

1. That the ongoing rate of serious adverse drug reactions (ADR), including death, as reported in VAERS [1], EudraVigilance [2] and the UK Yellow Card reporting scheme [3], is extremely

- high. A recent review of ADR's recorded in the UK Yellow Card Scheme (26 May 2021) by an independent medical consultancy has even declared the vaccines unfit for human use [4].
2. That the current range of vaccines have been introduced too rapidly, without sufficient testing and without sufficient time to complete full clinical trials [5]. In this respect I draw comparison with the introduction of the H1N1 vaccine in 2009. The reporting of death from blood clot (Oxford-AstraZeneca) which has now resulted in this vaccine being withdrawn in several countries (e.g., Denmark), or its use age restricted in others (e.g., Germany, Norway, France, and even the UK), may be another example of a too hasty introduction [6].
  3. That little evidence has yet been presented on the vaccines ability to prevent serious illness or death from COVID-19 [7]. As far as I understand, current efficacy forecasts are based solely on their ability to mitigate mild symptoms. I also worry that published efficacy/effectiveness data is misleading. For example, both are currently only short-term forecasts, and a 90% effectiveness only equates to a reduction in absolute risk to an individual of around 0.4% (1 in 256) [8].
  4. That the vaccines currently available to us in the UK are all experimental novel genetic vaccines (mRNA or DNA-Vector) rather than "classic" inactivated vaccines. Such vaccines have never previously received regulatory approval. There is no long-term safety data available for genetic vaccines and that their potential for creating late onset side effects including gene mutations remains unknown.
  5. That there have been no substantial animal trials so the potential for antibody dependent enhancement (ADE), as seen in earlier attempts to create a SARS-CoV-2 vaccine, cannot be fully discounted as a potential side effect.
  6. That the issues surrounding "viral immune escape" and how the current range of vaccines might fail to respond to potentially more virulent or more deadly variants has not been adequately assessed [9]. Also, that the current mass vaccination program may not act to protect but to damage or compromise our natural innate immunity.
  7. That Covid-19 vaccine manufacturers demanded and have been granted exemption from any liability for adverse effects from their products.
  8. That both regulators (e.g., MHRA) and government advisers (e.g., SAGE) may have too close a relationship to vaccine manufacturers and that the current vaccine roll out may have been driven by perhaps financial interests rather than pure science [10]. I also consider the current rollout of the Covid 19 vaccines to have been undertaken without the safeguard of "informed consent" and to be an exercise in human experimentation [11].

I know that if I catch COVID-19 there could be serious consequences but at present, given the vaccines available, I am declining vaccination. I will reassess my position once a) the nature and behavior of the SARS-CoV-2 virus is better understood, particularly its ongoing mutation profile, b) the ability of the current vaccines to fully protect against COVID-19 is proven, and c) long-term clinical trials of the vaccines have been completed and the results of these trials, particularly their safety record, have been expertly assessed and peer reviewed by independent scientists.

#### References:

1. Vaccine Adverse Event Reporting System (VAERS) USA. See; <https://vaers.hhs.gov/data.html>
2. EudraVigilance – European database of suspected adverse drug reaction reports. See; <http://www.adrreports.eu/en/index.html>

3. Coronavirus vaccine – weekly summary of Yellow Card reporting. See; <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>
4. See; [medisolve.org/yellowcard\\_urgentprelimreport.pdf](https://medisolve.org/yellowcard_urgentprelimreport.pdf)
5. Open letter from the UK Medical Freedom Alliance to the MHRA and JCVI, 23 November 2020. See [https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/5fbd13488af2de09d68bd61c\\_UKMFA\\_Letter\\_to\\_MHRA\\_JCVI.pdf](https://uploads-ssl.webflow.com/5fa5866942937a4d73918723/5fbd13488af2de09d68bd61c_UKMFA_Letter_to_MHRA_JCVI.pdf)
6. See; <https://www.telegraph.co.uk/global-health/science-and-disease/telling-europes-approach-astrazeneca-jab-differs/>
7. Doshi. P., 2020. Will COVID-19 vaccines save lives? BMJ 2020; 371 See; <https://doi.org/10.1136/bmj.m4037>
8. Covid-19 vaccine candidate is unimpressive: NNTV is around 256, Response to BMJ 2020;371:m4347 by Cunningham, A.S., 13 November 2020. See <https://www.bmj.com/content/371/bmj.m4347/rr-4>
9. Open letter to the WHO: Immediately halt all COVID-19 mass vaccinations, by Geert Vanden Bossche, 7 March 2021. See <https://dryburgh.com/geert-vanden-bossche-open-letter-to-WHO-halt-all-covid-19-mass-vaccination/>
10. Conflicts of interest among the UK government’s covid-19 advisers, BMJ 2020; 371, doi. See <https://doi.org/10.1136/bmj.m4716>
11. Urgent open letter from Doctors and Scientists to the European Medicines Agency regarding COVID-19 vaccines safety concerns. See <https://doctors4covidethics.medium.com/urgent-open-letter-from-doctors-and-scientists-to-the-european-medicines-agency-regarding-covid-19-f6e17c311595>

**Update: 10 April 2021 - Blood Clot Deaths Reported using Oxford AstraZeneca Vaccine**

Death from blood clots have been widely reported in the UK, Europe and Canada from the administration of the Oxford-AstraZeneca Covid-19 inoculation, and similar complications are now being reported for the Johnson and Johnson vaccine (both viral vector vaccines). This has led some countries in Europe (Norway and Germany in particular) to restrict the use of the Oxford AstraZeneca vaccine to the over 60’s and Canada to restrict administration to the over 55’s. In Denmark, use of the Oxford-AstraZeneca vaccine is banned because of its serious side effects.

The European Medicines Agency (EMA) reports the blood clot incidence risk as 1 in 250,000 [1]. The Oxford University QCovid Calculator [2] puts the risk of a healthy 30 years old dying from Covid-19 also at 1 in 250,000, so can anyone explain why a healthy 30 years old should inoculate against Covid-19 using a viral vector vaccine such as Oxford AstraZeneca? Isn’t one just simply doubling the risk?

**References:**

1. <https://www.telegraph.co.uk/global-health/science-and-disease/telling-europes-approach-astrazeneca-jab-differs/>
2. <https://qccovid.org/Home/AcademicLicence?licencedUrl=%2FCalculation>

## Update: 11 June 2021 – Analysis of United Kingdom Yellow Card Reporting

- The Evidence-based Medicine Consultancy Ltd and EbMC Squared CIC have undertaken an independent analysis of Adverse Drug Reactions (ADR's) to the COVID-19 vaccines as recorded in the Yellow Card reporting scheme to 26 May 2021. They have written to the MHRA with their results.
- From their analysis they conclude that the current vaccine rollout should be stopped, and that current ADR's indicate that the MHRA should now declare the vaccines (Pfizer, Oxford-AstraZeneca and Moderna) unsafe for human use. In addition, they point to the fact that the vaccines may be causing gene mutations in recipients and that more detailed research on the safety of the vaccines is urgently needed.

### References:

1. [medisolve.org/yellowcard\\_urgentprelimreport.pdf](https://medisolve.org/yellowcard_urgentprelimreport.pdf)

## Update 11 August 2021

*"A vaccine resistant Covid variant is an "absolute inevitability" and reaching herd immunity via the jabs rollout is impossible, top scientists have warned.*

*Sir Andrew Pollard, who chairs UK's vaccines watchdog the JCVI, told MPs on Tuesday that while jabs would "slow" transmission, the Delta variant, and other future strains, can still infect the double vaccinated.*

*Sir Andrew predicted that the next thing may be "a variant which is perhaps even better at transmitting in vaccinated populations" as he suggested herd immunity was "mythical".*

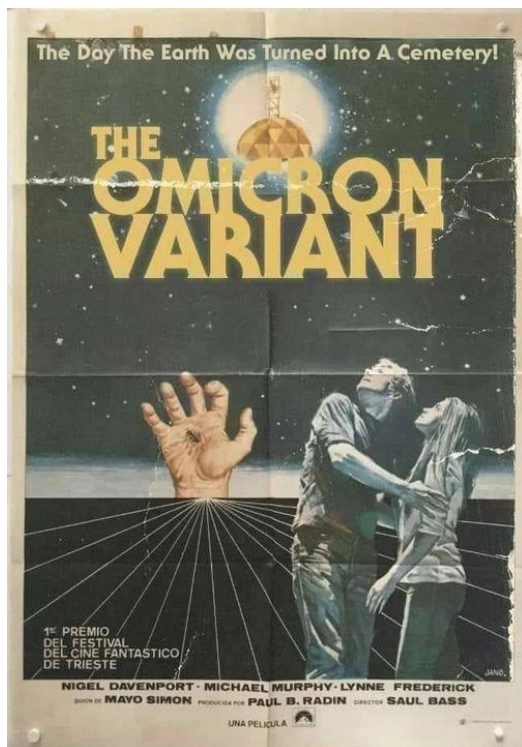
*Figures released by Public Health England last week also showed that around 35% of people in hospital with the virus (512) -had both doses of the vaccine, with the Delta strain currently accounting for around 99% of cases.*

Read the full article published in the Daily Mirror below:

### References:

1. Daily Mirror, August 2021: Vaccine resistant Covid variants an 'absolute inevitability', warn experts. See <https://www.msn.com/en-gb/health/medical/vaccine-resistant-covid-variants-an-absolute-inevitability-warn-experts/ar-AAN9JYU?ocid=msedgntp>

Update 02 December 2021



1963 Sci-fi movie starring Nigel Davenport (or is it?). A great spoof.

Update 12 May 2022

A reference you should read

Our governments are compelling us to inject poison into our bodies

See: <https://iceni.substack.com/p/covid-19-deep-dive-part-ii-vaccine?s=r>