

Authorities believe COVID-19 Vaccine may cause Antibody-Dependent Enhancement / Acquired Immunodeficiency Syndrome as they quietly begin investigation due to amount of severely harmed Individuals



expose-news.com/2023/07/16/authorities-admit-covid-vaccines-cause-aids-ade

By The Exposé July 16, 2023

Since late 2021, official Government reports have indicated the Covid-19 vaccine severely damages the immune system with the potential to cause some new form of Covid-19 vaccine-induced acquired immunodeficiency syndrome among people who have received multiple injections.

The claims were furiously denied by the mainstream establishment despite the fact it was their data that blatantly outlined this was the case. But rather than prove otherwise most Government agencies just decided to stop publishing the damning data instead.

However, almost two years later, the authorities have quietly decided to begin an investigation into Covid-19 vaccine induced Acquired Immunodeficiency Syndrome and Antibody-Dependent Enhancement after scientists around the world, including many from Harvard and Yale, were forced to admit a debilitating suite of problems have been appearing hours, days or weeks after a Covid-19 vaccine has been administered.

But they have thus far decided to dub the condition 'Long Vax' in an attempt to trivialize the deadly consequences of Covid-19 vaccination and give more credence to the alleged condition 'Long Covid' which is otherwise known as hypochondria.

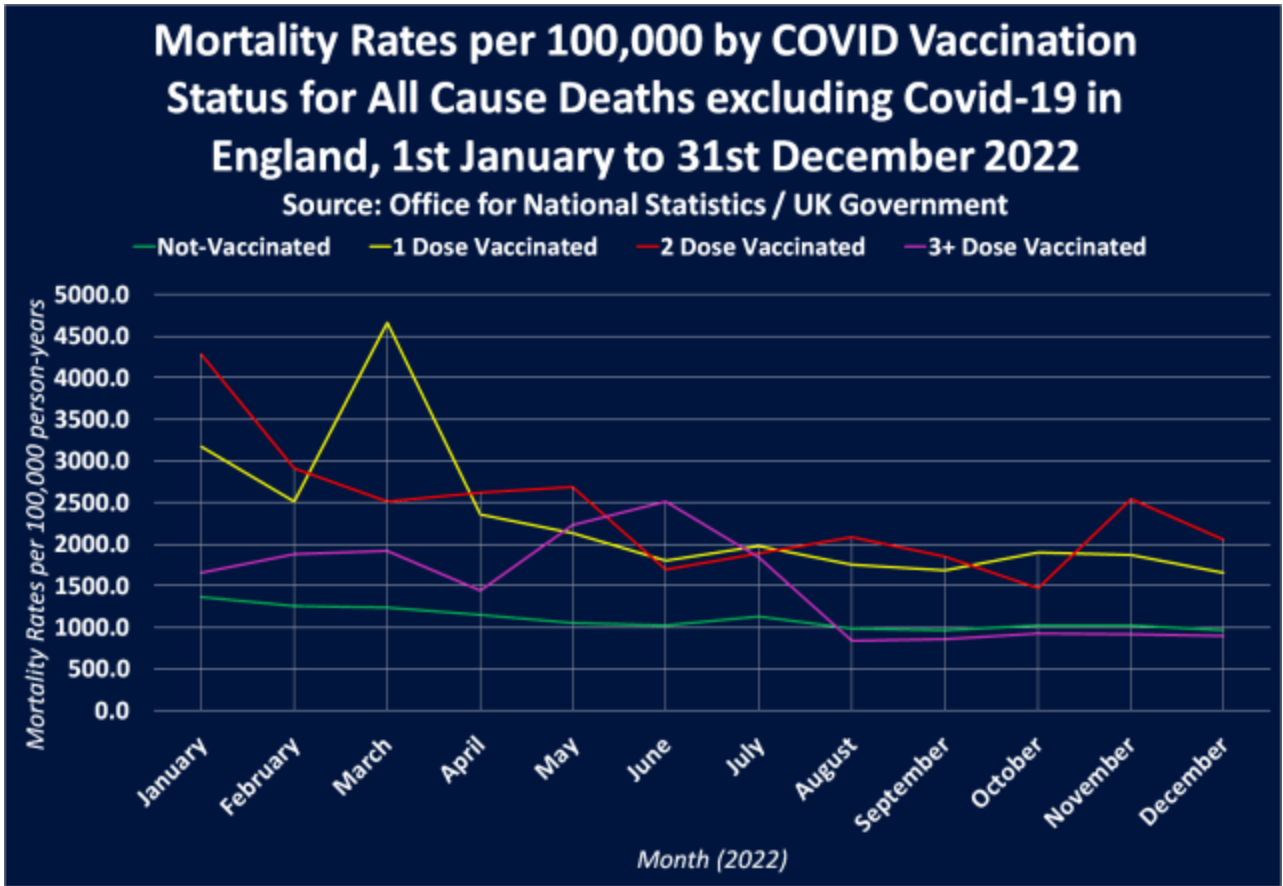


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Harvard & Yale Scientists investigate “new” condition linked to Covid-19 Injections

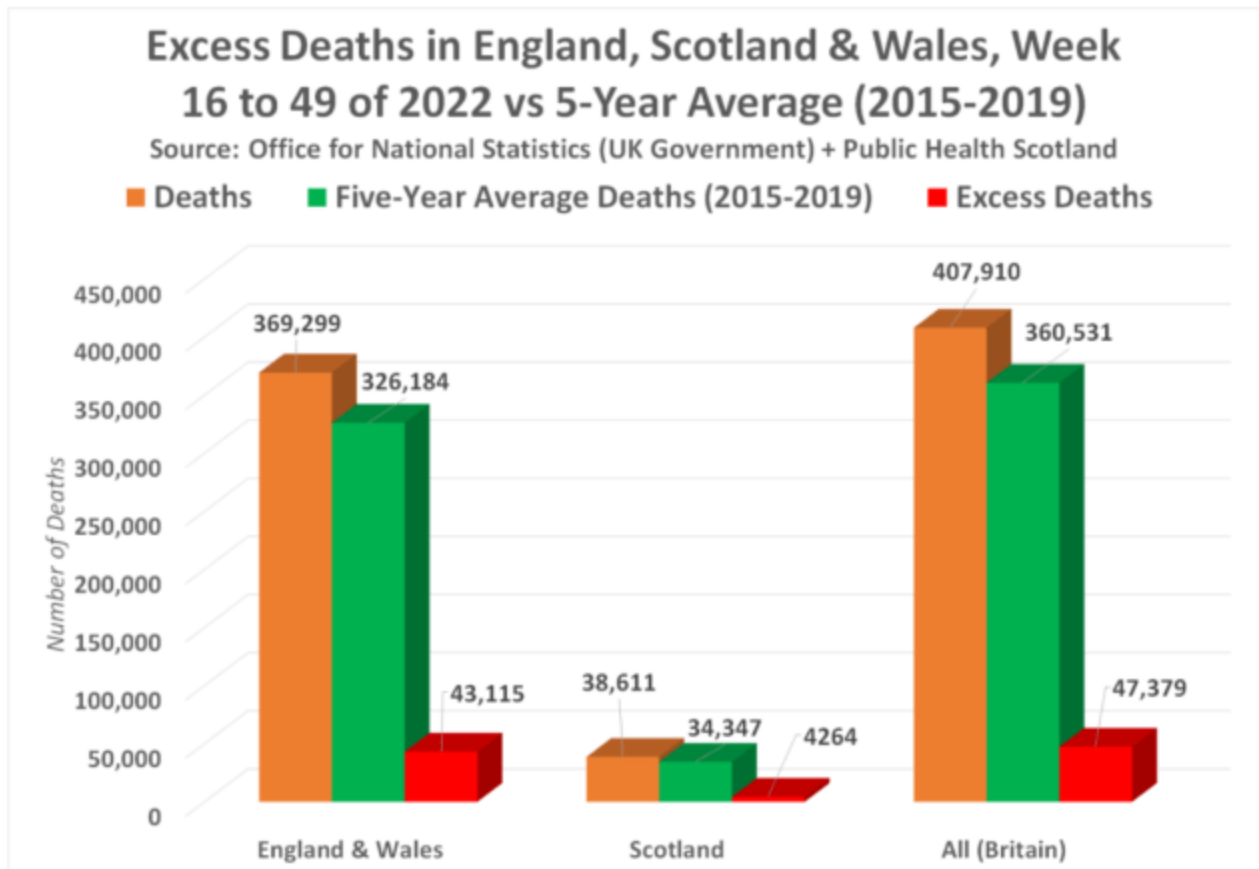
Official Government released evidence proves that COVID-19 vaccines have harmed millions of people and killed countless others.

For instance, data from the Office of National Statistics in the UK has shown for over a year that the vaccinated population in England and Wales are significantly more likely to die than the unvaccinated population per 100,000 population.



Source

This is most likely why the country has been suffering significant excess deaths against the five-year average week after week.



[Source](#)

But despite this, the world is now gearing up for yet another new round of “boosters”. And like all vaccines, those targeting the alleged Covid-19 virus can cause deadly and debilitating side effects in many people.

According to the establishment and scientists at Harvard and Yale, these include cases of abnormal blood clotting and heart inflammation. Both of which have been known about since early 2021, with a huge rise in myocarditis (inflammation of the heart muscle) being recorded among younger males.

But now scientists at Harvard and Yale are conducting research on what they claim is a newly identified condition they are absurdly referring to as ‘Long Vax’ and are even claiming the chronic symptoms resemble the made-up disease referred to as “Long Covid”.

SCIENCEINSIDER | HEALTH

Rare link between coronavirus vaccines and Long Covid-like illness starts to gain acceptance

Studies probe unusual cases of neurologic complications, blood pressure swings, and other side effects

[Source](#)



Daily Mail

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Harvard and Yale scientists probing new condition linked to Covid shot

Opinion by Caitlin Tilley, Health Reporter For Dailymail.Com • 6 Jul

[Source](#)

World -

What Is 'Long Vax'? Scientists Investigate New Condition Possibly Linked to Covid Vaccination

Statesman Web | July 7, 2023 3:21 pm

[Source](#)

The new study has materialised due to the quietly announced wider acceptance of the sinister consequences of Covid-19 vaccination among the mainstream medical and scientific community.

“You see one or two patients and you wonder if it’s a coincidence,” says Anne Louise Oaklander, a neurologist and researcher at Harvard Medical School. “But by the time you’ve seen 10, 20,” she continues, trailing off. “Where there’s smoke, there’s fire.”

According to researchers “Long Vax” may stem from an immune system overreaction to the spike (S) protein the body is instructed to make once the mRNA contained in the Covid-19 injections invades the body cells.

A spike protein that scientists and doctors assured the public was “harmless” when they decided to conduct the largest experiment on humankind in history following the emergency use authorisation of the Pfizer and Moderna Covid-19 injections.

“I’m persuaded that there’s something going on” with these side effects, Harlan Krumholz, a cardiologist at Yale University says. “It’s my obligation if I truly am a scientist, to have an open mind and learn if there’s something that can be done.”

Evidence strongly suggests the body may produce a second round of antibodies that mistakenly attack healthy cells or bind to ACE2 receptors, leading to heart rate fluctuations and blood pressure issues. Common symptoms include headaches, extreme fatigue, abnormal heart rate, and blood pressure fluctuations.

In other words, the mainstream scientific establishment now believes the mRNA Covid-19 injections definitely cause Antibody-Dependent Enhancement (ADE), and possibly even Acquired Immunodeficiency Syndrome. Just as many warned it would do, including The Expose team, prior to the emergency use roll-out due to the fact all previous trials of mRNA technology had induced the deadly condition.

And this is why mRNA technology had never been authorised for human use prior to the alleged Covid-19 pandemic.

What is Antibody-Dependent Enhancement/Vaccine-Associated Enhanced Disease?

Intensive research conducted by health experts throughout the years has brought to light increasing concerns about “Antibody-Dependent Enhancement” (ADE), a phenomenon where vaccines make the disease or immune system response to other pathogens far worse by priming the immune system for a potentially deadly overreaction.

ADE can arise in several different ways but the best-known is dubbed the ‘Trojan Horse Pathway’. This occurs when non-neutralizing antibodies generated by past infection or vaccination fail to shut down the pathogen upon re-exposure or another pathogen on exposure.

Instead, they act as a gateway by allowing the pathogen to gain entry and replicate in cells that are usually off-limits (typically immune cells, like macrophages). That, in turn, can lead to wider dissemination of illness, and over-reactive immune responses that cause more severe illness.

Even Dr Anthony Fauci, the Chief Medical Adviser to the President of the United States, admitted when discussing the Covid-19 vaccine, that this would not be the first time a vaccine that initially looked good, actually made people worse.

In 2016, a dengue virus vaccine was designed to protect against all four serotypes of the virus. The hope was that by inducing immune responses to all four serotypes at once, the vaccine could circumvent the issues related to ADE following disease with the dengue virus.

The vaccine was given to children in the Philippines. However, fourteen vaccinated children died after encountering the dengue virus in the community as they had developed antibody responses that were not capable of neutralizing the natural virus circulating in the community.

In previous clinical trials of vaccine candidates to combat SARS and MERS, the studies each failed during the animal phase due to ADE also known as pathogenic priming or a cytokine storm.

Phase three clinical trials are designed to uncover frequent or severe side effects before a vaccine is approved for use, including ADE.

But here in lies the problem, none of the Covid-19 vaccines completed phase three clinical trials, and this is the reason they were only granted emergency use authorisation. And it was the first time in history a novel “vaccine” was granted emergency use authorisation to be issued to the entire population, including children who have never been at risk of suffering anything worse than the common cold if exposed to the alleged Covid-19 virus.

What is Covid-19 Vaccine-Induced Acquired Immunodeficiency Syndrome?

It’s a common misconception that AIDS is only caused by the HIV virus or that they are even one and the same.

In fact, AIDS (acquired immune deficiency syndrome) is just the name used to describe a number of potentially life-threatening infections and illnesses that happen when your immune system has been severely damaged.

People with acquired immune deficiency syndrome have an increased risk of developing certain cancers and serious infections that usually occur only in individuals with a weak immune system, or would otherwise be mild in those with a healthy, working immune system.

And sadly, a mountain of evidence suggests that Covid-19 injections should be added to the list of causes.

Vaccine Effectiveness doesn't wane; Immune System Performance does

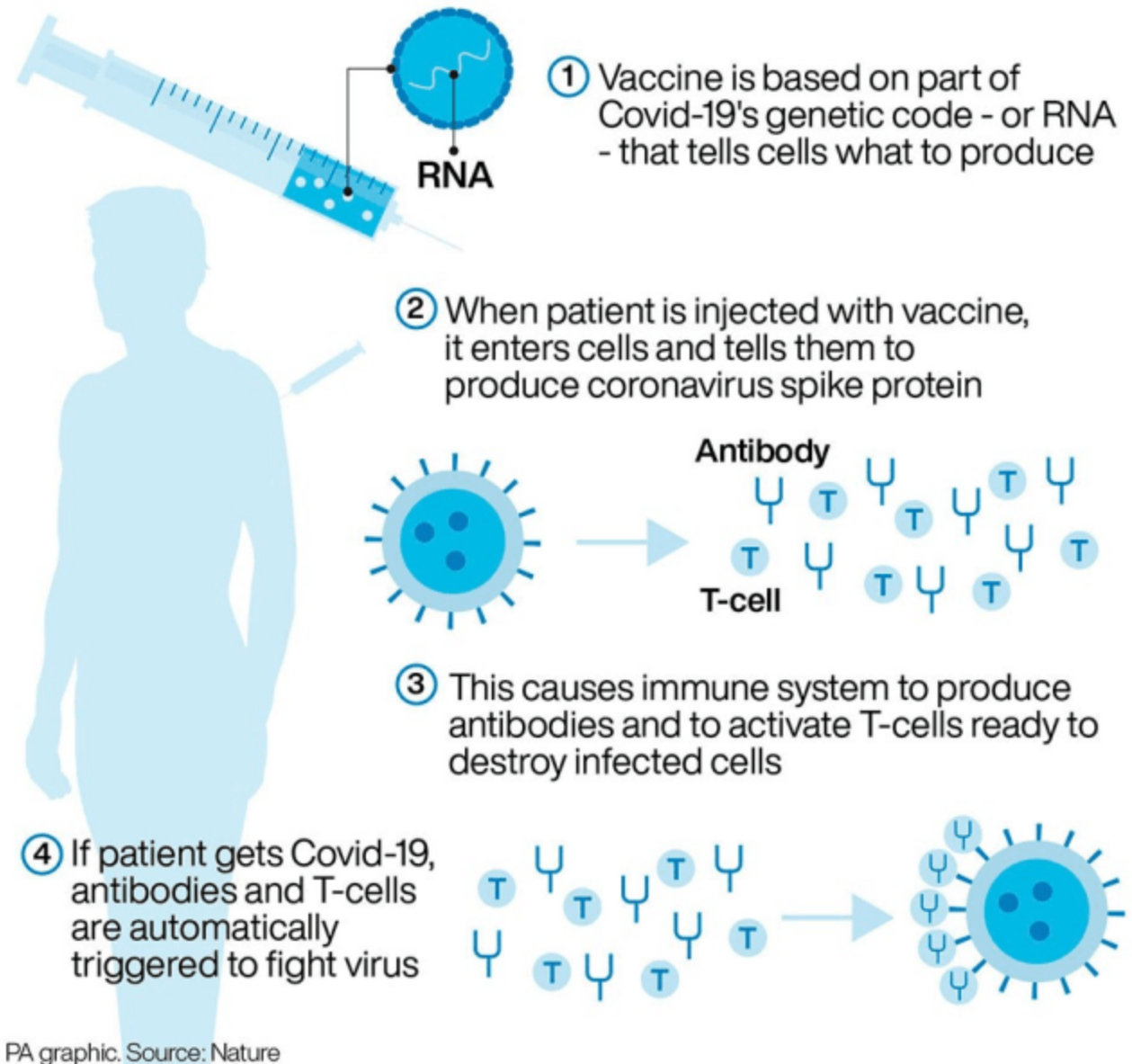
Vaccine effectiveness isn't really a measure of a vaccine, it is a measure of a vaccine recipients immune system performance compared to the immune system performance of an unvaccinated person.

The first time the body encounters a germ, it can take several days to make and use all the germ-fighting tools needed to get over the infection. After the infection, the immune system remembers what it learned about how to protect the body against that disease.

Vaccines allegedly help develop immunity by imitating an infection. Once the imitation infection induced by the vaccine goes away, the body is left with a supply of "memory" t-cells and antibodies that will remember how to fight that disease in the future

So, when the authorities state that the effectiveness of the vaccines weaken over time, what they really mean is that the performance of your immune system weakens over time.

How the RNA vaccine would work



In regards to the Covid-19 injections –

- A vaccine effectiveness of **+50%** would mean that the fully vaccinated are 50% more protected against Covid-19 than the unvaccinated. In other words, the fully vaccinated have an immune system that is 50% better at tackling Covid-19.
- A vaccine effectiveness of **0%** would mean that the fully vaccinated are no more protected against Covid-19 than the unvaccinated, meaning the vaccines are ineffective. In other words, the fully vaccinated have an immune system that is equal to that of the unvaccinated at tackling Covid-19.
- But a vaccine effectiveness of **-50%** would mean that the unvaccinated were 50% more protected against Covid-19 than the fully vaccinated. In other words, the immune system performance of the vaccinated is 50% worse than the natural immune system performance of the unvaccinated. Therefore, the Covid-19 vaccines have damaged the immune system.

In other words, if the vaccinated are more likely to be infected, hospitalised, or suffer death than the unvaccinated population, then this would amount to a negative vaccine effectiveness and be indicative of Covid-19 vaccine-induced Acquired Immunodeficiency Syndrome

Tragically, the British Medical Journal published a study providing evidence of Covid-19 vaccine-induced AIDS in late 2021. But it was ignored by Governments and the wider medical and scientific community.

BMJ published study confirming Covid Vaccine increases risk of Infection

The [study](#), which was conducted by the Research Institute of Leumit Health Services in Israel, confirmed the risk of alleged Covid-19 infection increased significantly following a second dose of the Covid-19 injection.

Research

Elapsed time since BNT162b2 vaccine and risk of SARS-CoV-2 infection: test negative design study

BMJ 2021 ; 375 doi: <https://doi.org/10.1136/bmj-2021-067873> (Published 25 November 2021)

Cite this as: *BMJ* 2021;375:e067873

Linked Editorial

Covid-19 vaccines, immunity, and boosters



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Accepted 2 November 2021

Abstract

Objectives To determine whether time elapsed since the second injection of the Pfizer-BioNTech BNT162b2 mRNA vaccine was significantly associated with the risk of covid-19 infection after vaccination in people who received two vaccine injections.

[Source](#)

To do this, the researchers examined electronic health records for 80,057 adults (average age 44 years) who received a PCR test at least three weeks after their second injection, and had no evidence of previous covid-19 infection.

Of these 80,057 participants, 7,973 (9.6%) had a positive test result. These individuals were then matched to negative controls of the same age and ethnic group who were tested in the same week.

The rate of positive results increased with time elapsed since a second dose. For example, across all age groups 1.3% of participants tested positive 21-89 days after a second dose, but this increased to 2.4% after 90-119 days; 4.6% after 120-149 days; 10.3% after 150-179 days; and 15.5% after 180 days or more.

And after taking account of other potentially influential factors, the researchers found a significantly increased risk of infection with time elapsed since a second dose.

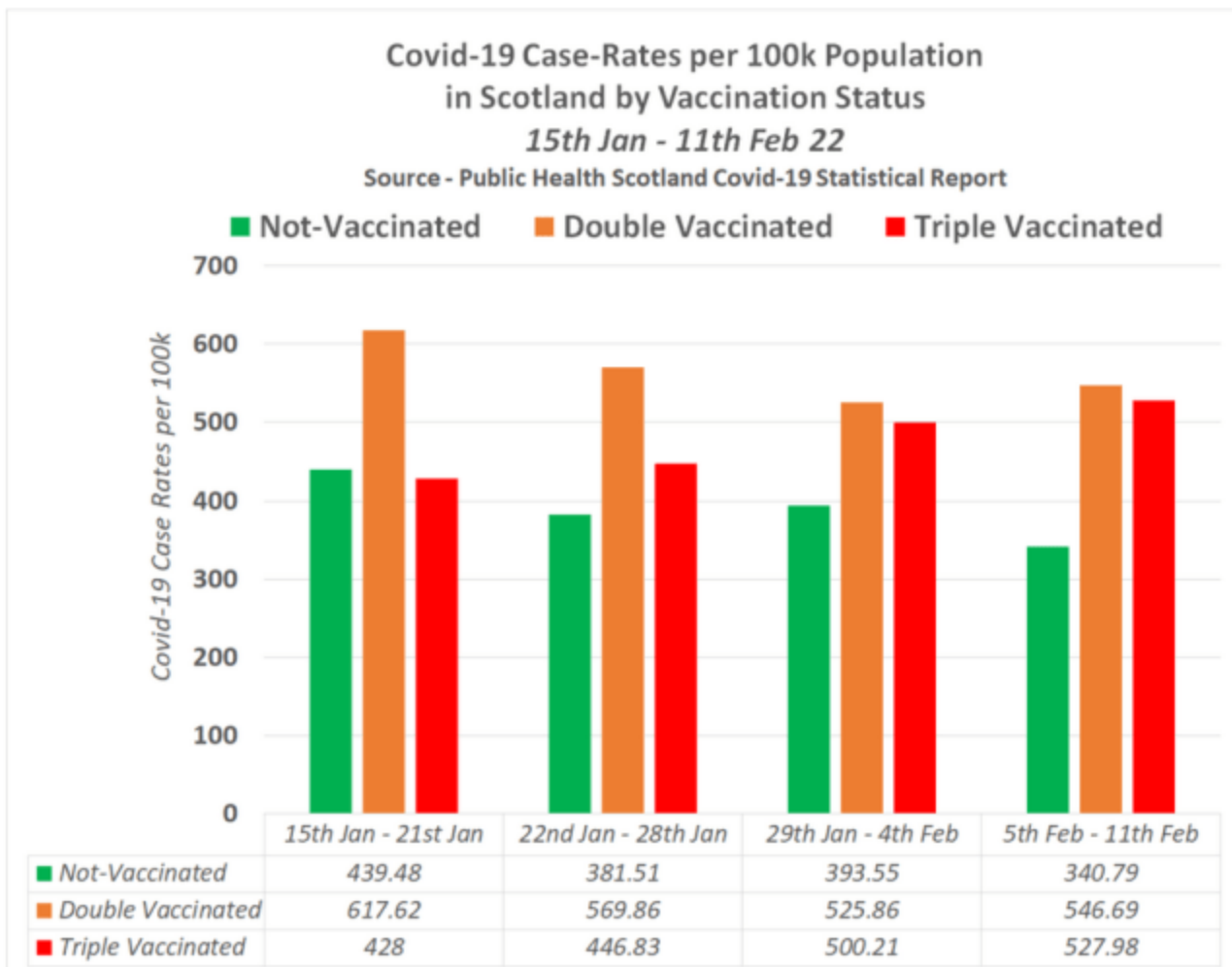
Compared with the initial 90 days after a second dose, the risk of infection across all age groups was 2.37-fold higher after 90-119 days; 2.66-fold higher after 120-149 days; 2.82-fold higher after 150-179 days; and 2.82-fold higher after 180 days or more.

This is strongly indicative of immune system damage and potentially amounts to Covid-19 vaccine-induced Acquired Immunodeficiency Syndrome. Especially when coupled with historical Government data published by the UK Government.

Historical Government Evidence of Covid-19 Vaccine Induced Acquired Immunodeficiency Syndrome / Antibody-Dependent Enhancement / Vaccine-Associated Enhanced Disease

Public Health Scotland announced in January 2022, that from the 6th Feb 22, they would no longer report Covid-19 cases, hospitalisations and deaths by vaccination status on a weekly basis.

Here’s why –



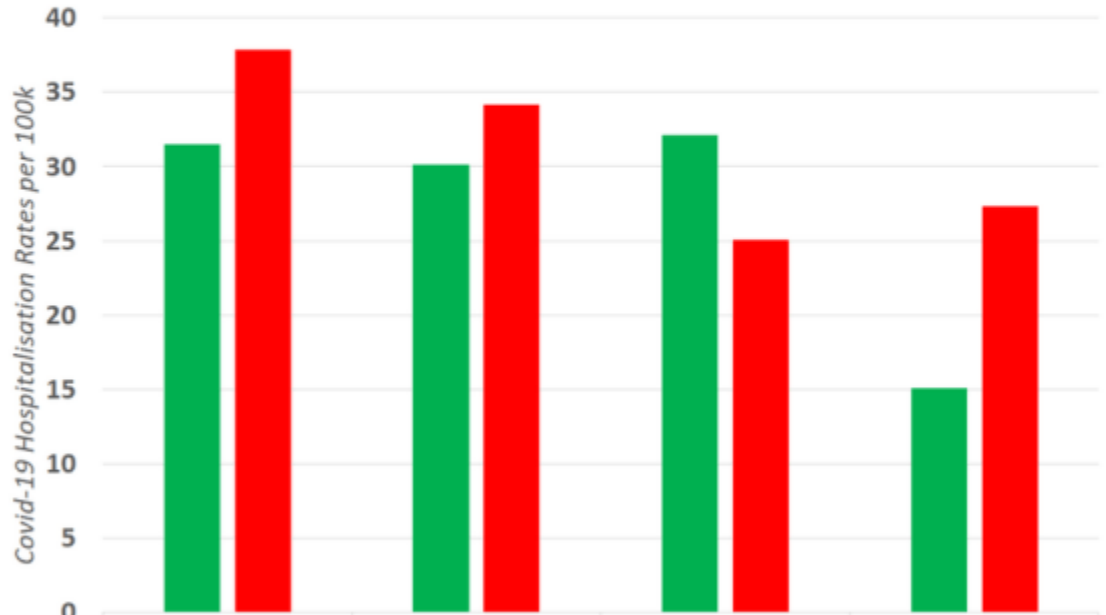
[Source Data](#)

Covid-19 Hospitalisation-Rates per 100k Population in Scotland by Vaccination Status

15th Jan - 11th Feb 22

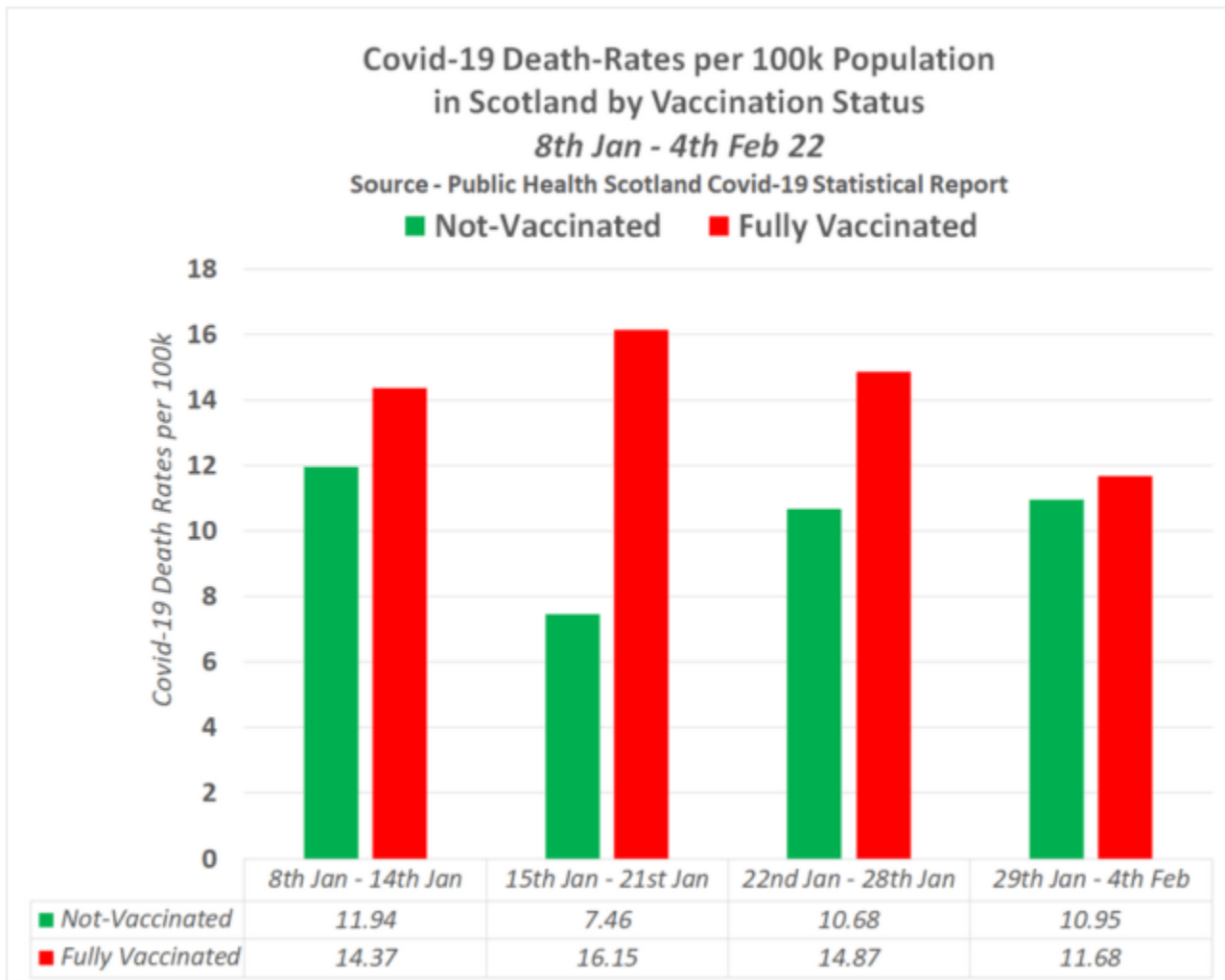
Source - Public Health Scotland Covid-19 Statistical Report

■ Not-Vaccinated ■ Fully Vaccinated



	15th Jan - 21st Jan	22nd Jan - 28th Jan	29th Jan - 4th Feb	5th Feb - 11th Feb
■ Not-Vaccinated	31.5	30.16	32.15	15.1
■ Fully Vaccinated	37.89	34.19	25.1	27.3

[Source Data](#)



[Source Data](#)

The charts above have been created using the figures published by Public Health Scotland in their [‘COVID-19 & Winter Statistical Report’](#) published 16th Feb 22, and they show that Covid-19 infection, hospitalisation and death rates per 100,000 individuals were consistently higher among the fully vaccinated population.

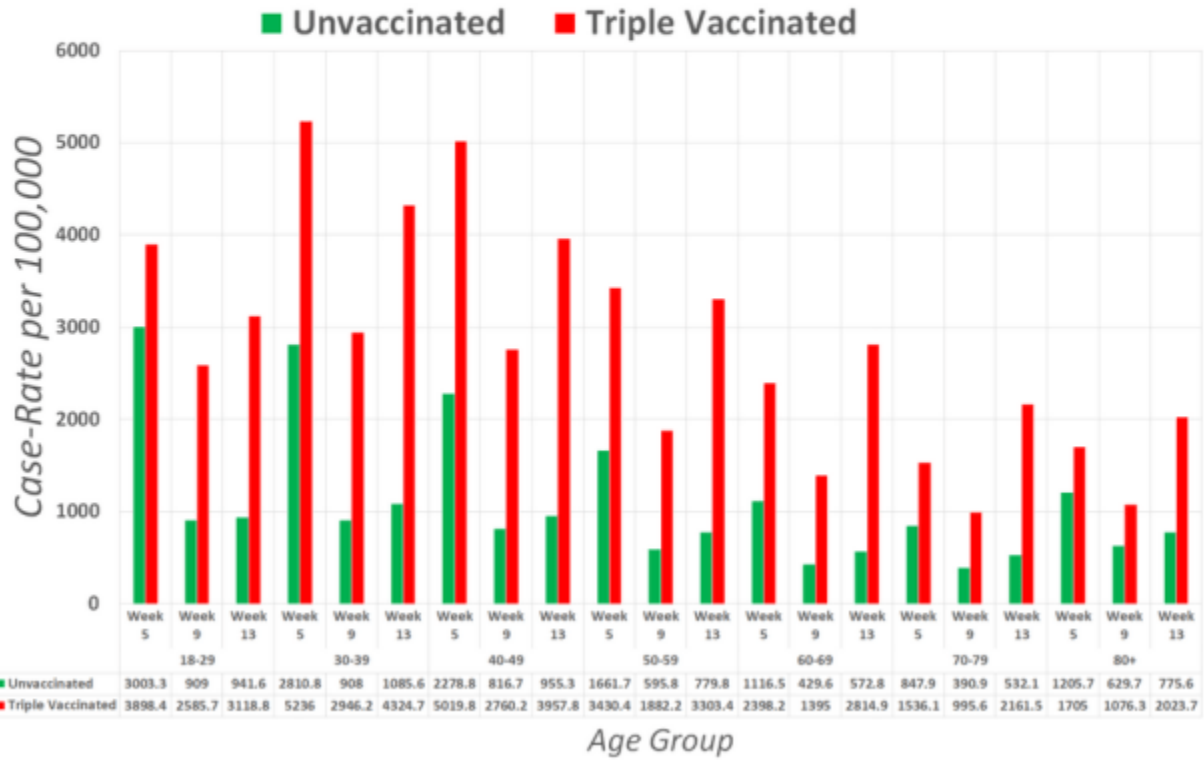
This is what Covid-19 vaccination has done to the people of Scotland, and it is strongly indicative of intense immune system damage that could be due to Acquired Immunodeficiency Syndrome, Antibody-Dependent Enhancement or both.

The UK Health Security Agency also played the same game as Public Health Scotland, and since the 1st April 2022 they refused to publish any further data on Covid-19 cases, hospitalisations and deaths by vaccination status.

Here’s why –

Covid-19 Case-Rate per 100,000 Individuals by Vaccination Status in England 3rd Jan to 27th March 2022

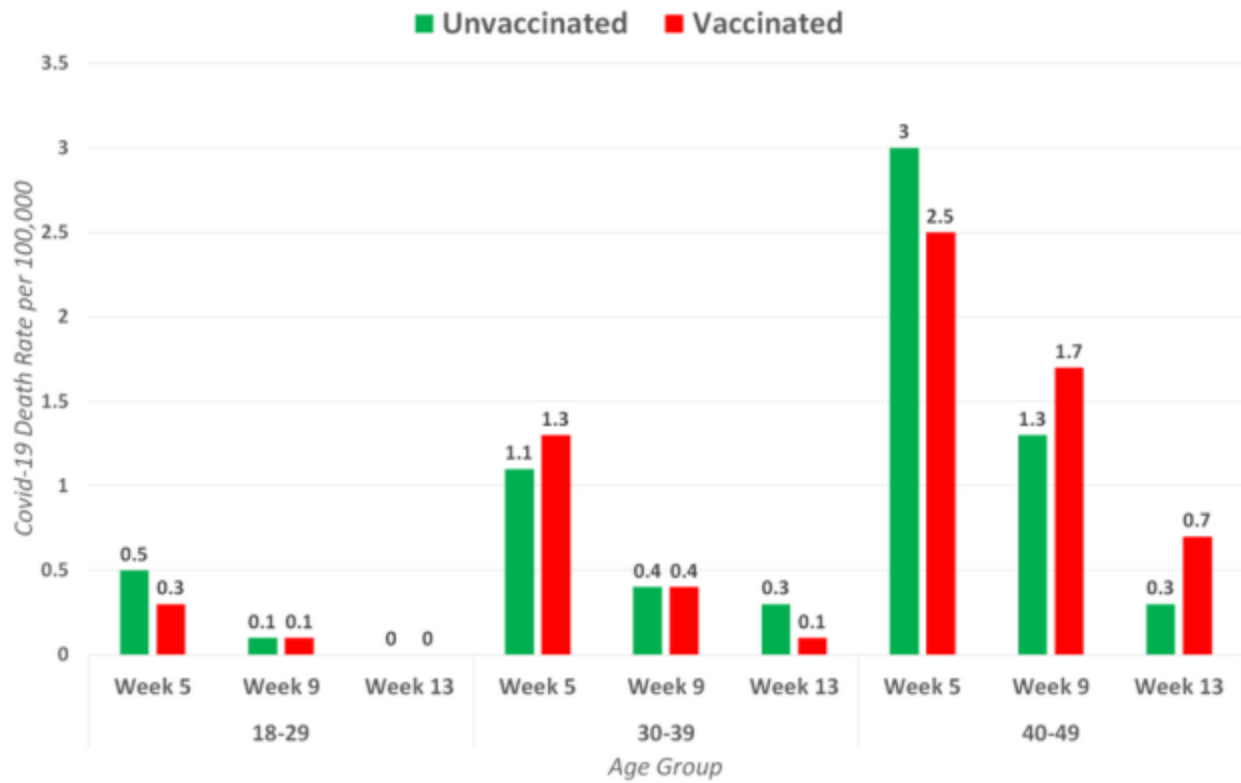
Source: UKHSA Vaccine Surveillance Report - Week 5 + Week 9 + Week 13 - 2022

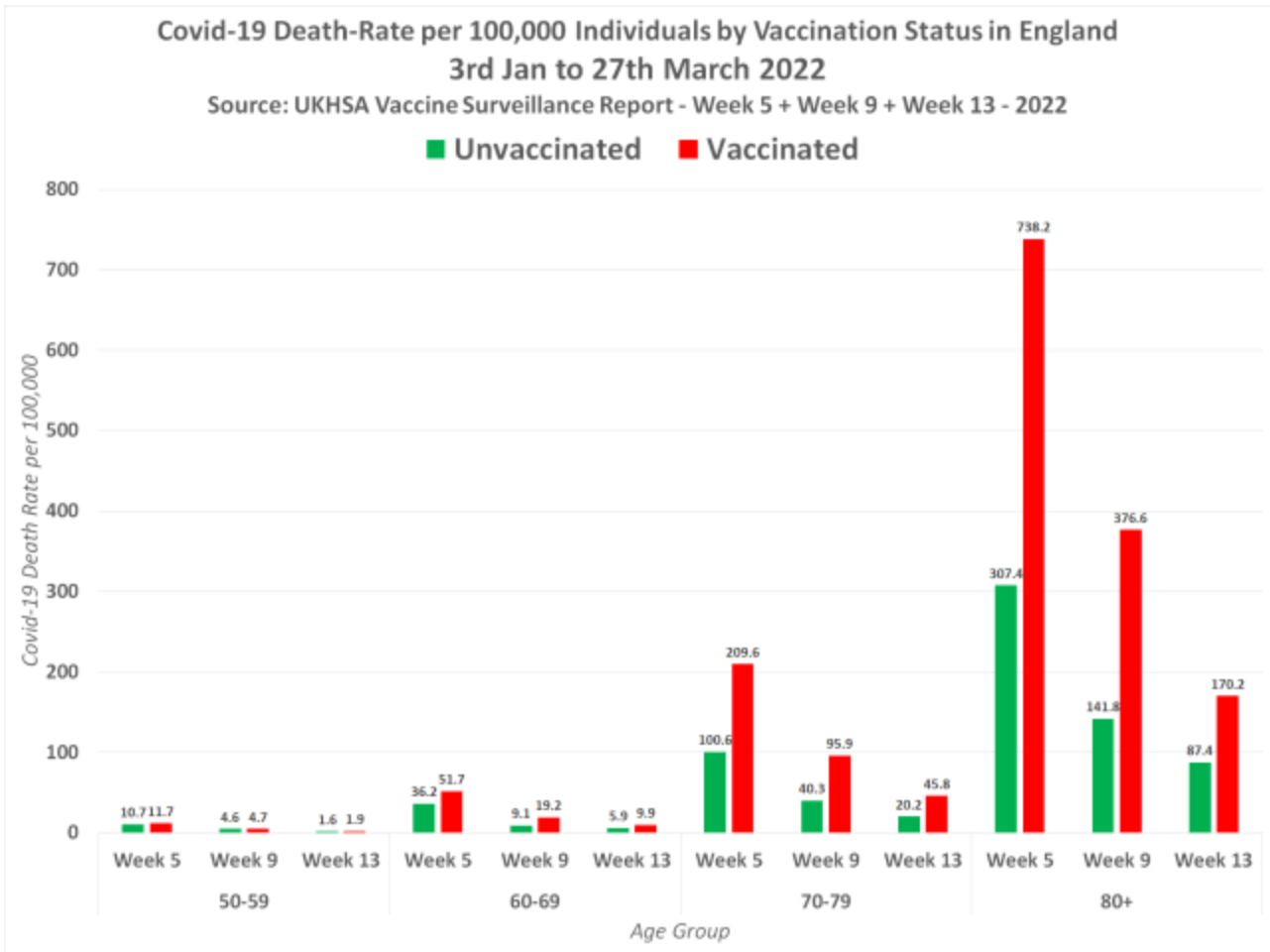


Covid-19 Death-Rate per 100,000 Individuals by Vaccination Status in England

3rd Jan to 27th March 2022

Source: UKHSA Vaccine Surveillance Report - Week 5 + Week 9 + Week 13 - 2022





The above three charts have been created using the figures contained in the [Week 5](#), [Week 9](#) and [Week 13](#) UK Health Security Agency (UKHSA) ‘[Vaccine Surveillance](#)’ reports.

The figures show that the case rates between week 5 and week 13 of 2022 were highest among the triple vaccinated in all age groups in England. Not just by a little bit either, and the gap between the unvaccinated and triple vaccinated has been getting worse by the month.

All age groups also suffered a higher Covid-19 death rate per 100,000 among the double vaccinated except for 18-29-year olds between week 5 and week 9.

But this age group only suffered a higher death rate among the unvaccinated in week 5, with week 9 and week 13 seeing an identical death rate among the unvaccinated and double-vaccinated.

The only other age group to break the trend was 30-39-year-olds, who flip-flopped back to a slightly higher death rate among the unvaccinated in week 13. But apart from this, all other age groups had suffered a higher death rate among the double vaccinated since the beginning of the year.

These aren’t the kind of figures we should be seeing if a vaccine is effective. These aren’t even the kind of figures we should be seeing if a vaccine is ineffective. What we’re seeing here is a vaccine that is having the opposite of its intended effect.

The following two charts shows the real-world Covid-19 vaccine effectiveness against death among the double vaccinated population in England by age group and week, based on the death rates provided above

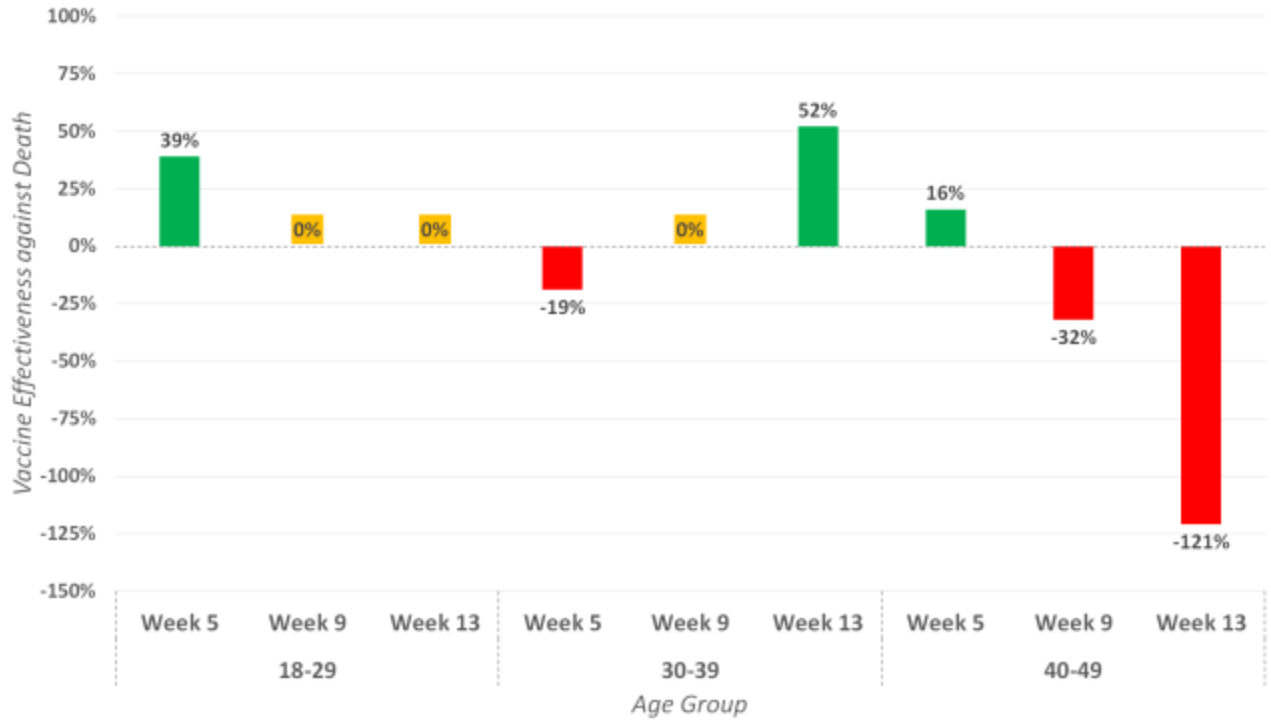
(Pfizer's vaccine formula:

$Unvaccinated\ Rate\ per\ 100k - Vaccinated\ Rate\ per\ 100k / Unvaccinated\ Rate\ per\ 100k \times 100 = Vaccine\ Effectiveness$)

Real-World Covid-19 Vaccine Effectiveness against Death among Double Vaccinated Population in England

3rd Jan to 27th March 2022

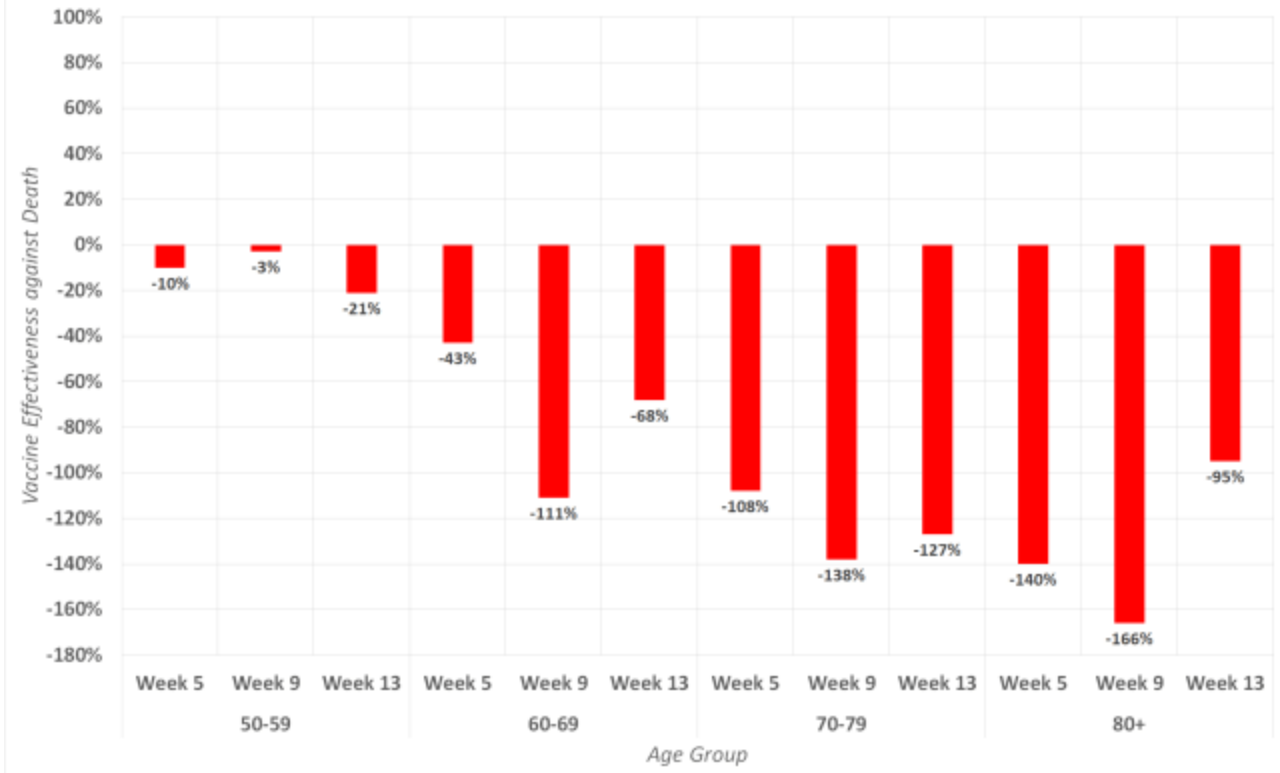
Source: UKHSA Vaccine Surveillance Report - Week 5 + Week 9 + Week 13 - 2022



Real-World Covid-19 Vaccine Effectiveness against Death among Double Vaccinated Population in England

3rd Jan to 27th March 2022

Source: UKHSA Vaccine Surveillance Report - Week 5 + Week 9 + Week 13 - 2022



A vaccine effectiveness against death of minus-111% was recorded among 60-69-year-olds, minus-138% among 70-79-year-olds, and minus-166% among people over the age of 80 in week 9 of 2022.

But just look at the figures for the 40-49-year-olds. In week 5 a vaccine effectiveness against death of +16% was recorded. Then in week 9 this fell to minus-32%. But then in week 13 this fell to a shocking minus-121%.

These figures show that most double vaccinated individuals are twice as likely to die of Covid-19 than unvaccinated individuals.

The following chart shows the real-world Covid-19 vaccine effectiveness among the triple vaccinated population by age group and week in England between 3rd January and 27th March 2022, based on the case-rate figures provided previously above –

Real-World Covid-19 Vaccine Effectiveness among Triple Vaccinated Population in England

3rd Jan to 27th March 2022

Source: UKHSA Vaccine Surveillance Report - Week 5 + Week 9 + Week 13 - 2022



This is nowhere near the claimed 95% effectiveness by Pfizer, is it? Vaccine effectiveness was as low as minus-391.43% among 60-69-year-olds in Week 13, falling from minus 114.8% in week 5.

The most concerning declines here seem to be among the 60-69-year-olds and 70-79-year-olds because it looks like they have fallen off a cliff between week 9 and week 13. Thankfully the fall among 18-29-year-olds seems to have slowed between week 9 and week 13 but still sits at minus-231.22% after being minus-29.8% in week 5.

These figures show that 60-69-year-olds are nearly 5 times more likely to be infected with Covid-19 than unvaccinated 60-69-year-olds, and show that 40-59 and 70-79-year-olds are over 4 times more likely to be infected with Covid-19 than their unvaccinated counterparts.

The UKHSA claims that vaccine effectiveness wanes substantially over time and this is why it's important to get a booster dose. But don't forget, this is a lie. Vaccine effectiveness doesn't wane. Immune system performance does.

Therefore, official figures published by the UK Government on infection rates in England clearly confirm that the Covid-19 vaccine damages the immune system so severely that the performance of the immune system degrades by the week.

If this isn't indicative of Acquired Immunodeficiency Syndrome and/or Antibody-Dependent Enhancement then we don't know what is.

Pfizer & the FDA knew it would happen

However, all of this pain and misery could have been prevented because both Pfizer and the U.S. Food & Drug Administration (FDA) knew that it would happen.

Pfizer, the company hit with the largest healthcare fraud settlement and criminal fine to date in 2009; admitted in confidential documents, that it desperately tried to keep from going public, that its Covid-19 mRNA gene therapy may cause Vaccine-Associated Enhanced Disease/Antibody-Dependent Enhancement.

The [US Food and Drug Administration](#) (FDA) attempted to delay the release of Pfizer's COVID-19 vaccine safety data for 75 years despite approving the injection after only 108 days of a safety review on [December 11th, 2020](#).

The FDA originally said that they were prepared to release [500 pages per month](#) in a response to the Freedom of Information (FOI) request filed on behalf of [Public Health and Medical Professionals for Transparency](#) (PHMPT) requesting the safety data.

Instead, in early January 2022, Federal Judge Mark Pittman ordered them to release 55,000 pages per month. They released 12,000 pages by the end of January.

Since then, PHMPT has posted all of the documents to its website.

One of the documents contained in the latest data dump is '[reissue_5.3.6_postmarketing_experience.pdf](#)'. Table 5, found on page 11 of [the document](#) shows an 'Important Potential Risk', and that risk is listed as 'Vaccine-Associated Enhanced Disease (VAED), including Vaccine-Associated Enhanced Respiratory Disease (VAERD)'.

Vaccine-associated enhanced diseases (VAED) are modified presentations of clinical infections affecting individuals exposed to a wild-type pathogen after having received a prior vaccination for the same pathogen. Whereas, Vaccine-associated enhanced respiratory (VAERD) disease refers to disease with predominant involvement of the lower respiratory tract.

Enhanced responses are triggered by failed attempts to control the infecting virus, and VAED typically presents with symptoms related to the target organ of the infection pathogen. [According to scientists](#) VAED occurs as two different immunopathologies, antibody-dependent enhancement (ADE) and vaccine-associated hypersensitivity (VAH).

Table 5. Important Potential Risk

Topic	Description
Important Potential Risk	Post Authorization Cases Evaluation (cumulative to 28 Feb 2021) Total Number of Cases in the Reporting Period (N=42086)
Vaccine-Associated Enhanced Disease (VAED), including Vaccine-Associated Enhanced Respiratory Disease (VAERD)	<p>The search criteria utilised to identify potential cases of VAED for this report includes PTs indicating a lack of effect of the vaccine and PTs potentially indicative of severe or atypical COVID-19^a.</p> <p>Since the first temporary authorization for emergency supply under Regulation 174 in the UK (01 December 2020) and through 28 February 2021, 138 cases [0.33% of the total PM dataset], reporting 317 potentially relevant events were retrieved:</p> <p>Country of incidence: UK (71), US (25), Germany (14), France, Italy, Mexico, Spain, (4 each), Denmark (3); the remaining 9 cases originated from 9 different countries; Cases Seriousness: 138; Seriousness criteria for the total 138 cases: Medically significant (71, of which 8 also serious for disability), Hospitalization required (non-fatal/non-life threatening) (16, of which 1 also serious for disability), Life threatening (13, of which 7 were also serious for hospitalization), Death (38). Gender: Females (73), Males (57), Unknown (8); Age (n=132) ranged from 21 to 100 years (mean = 57.2 years, median = 59.5); Case outcome: fatal (38), resolved/resolving (26), not resolved (65), resolved with sequelae (1), unknown (8); Of the 317 relevant events, the most frequently reported PTs ($\geq 2\%$) were: Drug ineffective (135), Dyspnoea (53), Diarrhoea (30), COVID-19 pneumonia (23), Vomiting (20), Respiratory failure (8), and Seizure (7).</p> <p>Conclusion: VAED may present as severe or unusual clinical manifestations of COVID-19. Overall, there were 37 subjects with suspected COVID-19 and 101 subjects with confirmed COVID-19 following one or both doses of the vaccine; 75 of the 101 cases were severe, resulting in hospitalisation, disability, life-threatening consequences or death. None of the 75 cases could be definitively considered as VAED/VAERD.</p> <p>In this review of subjects with COVID-19 following vaccination, based on the current evidence, VAED/VAERD remains a theoretical risk for the vaccine. Surveillance will continue.</p>

Source – Page 11

Pfizer claims in their confidential document that up to 28th Feb 2021, they had received 138 cases reporting 317 potentially relevant events indicative of Vaccine-Associated Enhanced Disease. Of these 71 were medically significant resulting in 8 disabilities, 13 were life-threatening events, and 38 of the 138 people died.

Of the 317 relevant events reported by 138 people, 135 were labelled as ‘drug ineffective’, 53 were labelled as dyspnoea (struggling to breathe), 23 were labelled as Covid-19 pneumonia, 8 were labelled as respiratory failure, and 7 were labelled as a seizure.

Pfizer also admitted that 75 of the 101 subjects with confirmed Covid-19 following vaccination, had severe disease resulting in hospitalisation, disability, life-threatening consequences or death.

But Pfizer still definitively concluded, for the purposes of their submitted safety data to the Food and Drug Administration, the very data that was needed to gain emergency use authorisation and make them billions and billions of dollars, that ‘None of the 75 cases could be definitively considered as VAED’.

But Pfizer then went on to confirm that based on the current evidence, VAED remains a theoretical risk.

Now, at the time of this report being written in April 2021, Pfizer was claiming that their Covid-19 injection was 95% effective at preventing infection. As we have demonstrated this is clearly not the case, and official Government data shows the vaccines actually have negative effectiveness.

However, if Pfizer were claiming this at the time, and gained emergency use authorisation from the FDA because of this claim, how on earth could they not definitively conclude that VAED was to blame when 75% of the confirmed “break-through” cases reported to them were severe disease resulting in hospitalisation, disability, life-threatening consequences of death?

Further evidence from the confidential document also shows that both the FDA and Pfizer knew the Covid-19 injection has killed at least 12 people who developed an autoimmune disorder, by February 2021. That doesn’t mean these are the only people to have died due to autoimmune conditions induced by the jabs, these are just the ones that were officially reported to Pfizer in the first two months of their vaccine roll-out.

BNT162b2
 5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Table 7. AESIs Evaluation for BNT162b2

AESIs ^a Category	Post-Marketing Cases Evaluation ^b Total Number of Cases (N=42086)
	2021). Study C4591021, pending protocol endorsement by EMA, is also intended to inform this risk.
Immune-Mediated/Autoimmune AESIs <i>Search criteria: Immune-mediated/autoimmune disorders (SMQ) (Broad and Narrow) OR Autoimmune disorders HLGT (Primary Path) OR PTs Cytokine release syndrome; Cytokine storm; Hypersensitivity</i>	<ul style="list-style-type: none"> • Number of cases: 1050 (2.5 % of the total PM dataset), of which 760 medically confirmed and 290 non-medically confirmed; • Country of incidence (>10 cases): UK (267), US (257), Italy (70), France and Germany (69 each), Mexico (36), Sweden (35), Spain (32), Greece (31), Israel (21), Denmark (18), Portugal (17), Austria and Czech Republic (16 each), Canada (12), Finland (10). The remaining 74 cases were from 24 different countries. • Subjects’ gender (n=682): female (526), male (156). • Subjects’ age group (n=944): Adult (746), Elderly (196), Adolescent (2). • Number of relevant events: 1077, of which 780 serious, 297 non-serious. • Most frequently reported relevant PTs (>10 occurrences): Hypersensitivity (596), Neuropathy peripheral (49), Pericarditis (32), Myocarditis (25), Dermatitis (24), Diabetes mellitus and Encephalitis (16 each), Psoriasis (14), Dermatitis Bullous (13), Autoimmune disorder and Raynaud’s phenomenon (11 each); • Relevant event onset latency (n = 807): Range from <24 hours to 30 days, median <24 hours. • Relevant event outcome¹: resolved/resolving (517), not resolved (215), fatal (12), resolved with sequelae (22) and unknown (312).

Then we also have further data on Covid-19 cases reported to Pfizer following vaccination within the confidential document –

<p>COVID-19 AESIs <i>Search criteria: Covid-19 SMQ (Narrow and Broad) OR PTs Ageusia; Anosmia</i></p>	<ul style="list-style-type: none"> • Number of cases: 3067 (7.3% of the total PM dataset), of which 1013 are medically confirmed and 2054 are non-medically confirmed; • Country of incidence: US (1272), UK (609), Germany (360), France (161), Italy (94), Spain (69), Romania (62), Portugal (51), Poland (50), Mexico (43), Belgium (42), Israel (41), Sweden (30), Austria (27), Greece (24), Denmark (18), Czech Republic and Hungary (17 each), Canada (12), Ireland (11), Slovakia (9), Latvia and United Arab Emirates (6 each); the remaining 36 cases were distributed among 16 other different countries; • Subjects' gender: female (1650), male (844) and unknown (573); • Subjects' age group (n= 1880): Adult (1315), Elderly (560), Infant^h and Adolescent (2 each), Child (1); • Number of relevant events: 3359, of which 2585 serious, 774 non-serious; • Most frequently reported relevant PTs (>1 occurrence): COVID-19 (1927), SARS-CoV-2 test positive (415), Suspected COVID-19 (270), Ageusia (228), Anosmia (194), SARS-CoV-2 antibody test negative (83), Exposure to SARS-CoV-2 (62), SARS-CoV-2 antibody test positive (53), COVID-19 pneumonia (51), Asymptomatic COVID-19 (31), Coronavirus infection (13), Occupational exposure to SARS-CoV-2 (11), SARS-CoV-2 test false positive (7), Coronavirus test positive (6), SARS-CoV-2 test negative (3) SARS-CoV-2 antibody test (2); • Relevant event onset latency (n = 2070): Range from <24 hours to 374 days, median 5 days; • Relevant event outcome: fatal (136), not resolved (547), resolved/resolving (558), resolved with sequelae (9) and unknown (2110). <p>Conclusion: This cumulative case review does not raise new safety issues. Surveillance will continue</p>
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Pfizer claimed they received 3,067 reports of cases up to 28th Feb 21, of which 1,013 were medically confirmed. At the time of their report, 547 were not resolved, and 558 were resolved, whilst 136 proved fatal. Of the medically confirmed cases this equates to a death rate of 13.4%.

Pfizer concluded that ‘This cumulative case review does not raise new safety issues’. But how on earth did they conclude that when the average death rate prior to the introduction of a Covid-19 vaccine to the population equated to 0.2%?

Conclusion

This confidential data proves that the Covid-19 injections should never have been granted emergency use authorisation, and should have been pulled from distribution by the FDA as soon as they sighted the figures.

However, it is slightly encouraging to see that the mainstream establishment has been forced to begin investigating the debilitating consequences of Covid-19 vaccination after two and half years of what will amount to a criminal real-world experiment.

But it is outrageous that they have decided to dub extremely serious and deadly conditions such as Antibody-Dependent Enhancement and Acquired Immunodeficiency Syndrome, “Long Vax” in an effort to

downplay the severity of the situation and give credence to the make-believe condition dubbed “Long Covid” which used to be known as hypochondria/lazyitis.

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