

Your Government sneakily confirmed the COVID Vaccinated develop AIDS when you were distracted by War, the Cost of Living & a Missing Person

 expose-news.com/2023/02/26/while-distracted-your-gov-proved-covid-vaccinated-have-aids

By The Exposé

February 26, 2023

Something is very wrong, and it is because of the Covid-19 injections.

All around the world, Governments are publishing official data that all show the same thing. Those same Governments however are not willing to explain why.

Instead, they are quietly publishing data in the hope that it will get swept under the carpet whilst they have you distracted by War in Ukraine, worrying about the cost of living; a crisis created by Government policy, and missing people such as Nicola Bulley even though 1 person goes missing every 90 seconds in the UK.

But with the publication of confidential Pfizer documents, Governments around the world are running out of places to hide, and if these worrying trends continue, they will be forced to admit the Covid-19 injections are either causing Antibody-Dependent Enhancement or something much worse.

Acquired Immunodeficiency Syndrome.

Whilst rare, it is perfectly possible for a medication or drug to cause Acquired Immunodeficiency Syndrome, and data published by Public Health Scotland, the New Zealand Ministry of Health, the Government of Canada, the UK Health Security Agency, the Office for National Statistics, and the U.S. Centers for Disease Control strongly suggests the Covid-19 injections should be added to the list.

How else can Governments around the world explain the fact the fully vaccinated are more likely to be infected with Covid-19, more likely to be hospitalised with Covid-19, and more likely to die of Covid-19 than the unvaccinated?

How else can Governments around the world explain the huge rise in all-cause mortality rates among the fully vaccinated compared to the unvaccinated?

How else can Governments around the world explain the 1,145% to 33,715% increase in AIDS-related diseases, cancers and infections reported to the U.S. Centers for Disease Control's Vaccine Adverse Event Reporting System in 2021?



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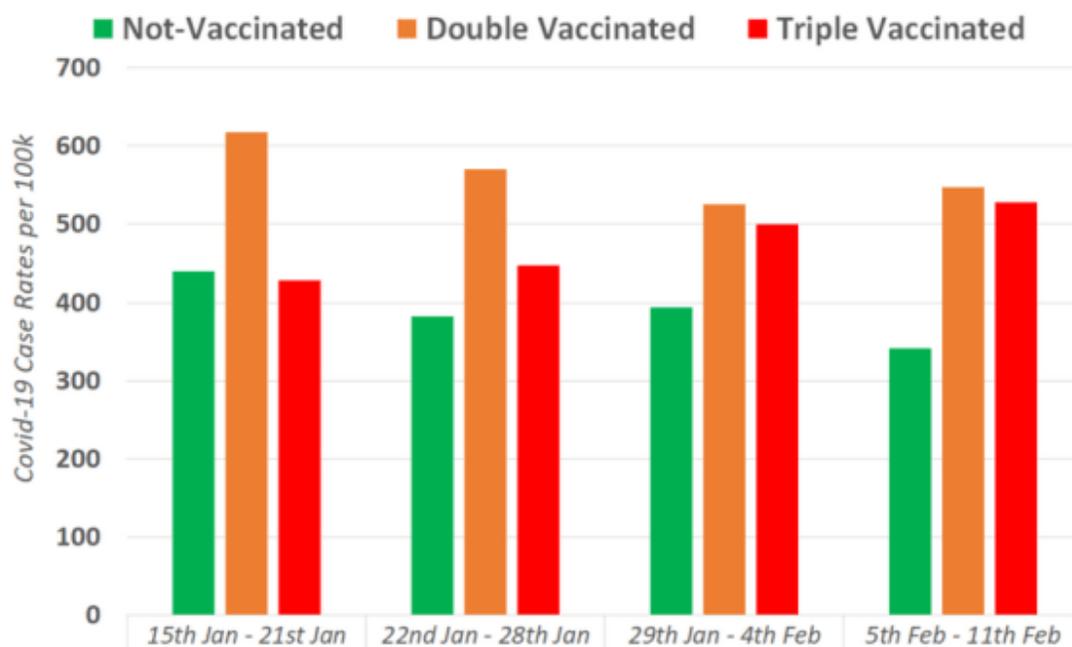
Scotland

Public Health Scotland announced in January 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 –

**Covid-19 Case-Rates per 100k Population
in Scotland by Vaccination Status
15th Jan - 11th Feb 22**

Source - Public Health Scotland Covid-19 Statistical Report



	15th Jan - 21st Jan	22nd Jan - 28th Jan	29th Jan - 4th Feb	5th Feb - 11th Feb
Not-Vaccinated	439.48	381.51	393.55	340.79
Double Vaccinated	617.62	569.86	525.86	546.69
Triple Vaccinated	428	446.83	500.21	527.98

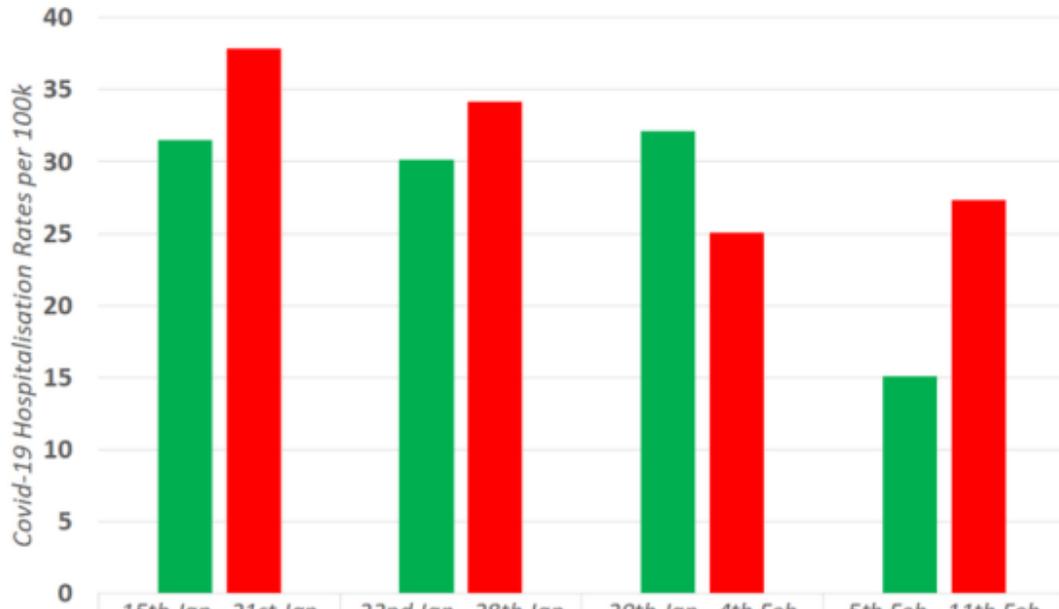
Source Data

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

15th Jan - 11th Feb 22

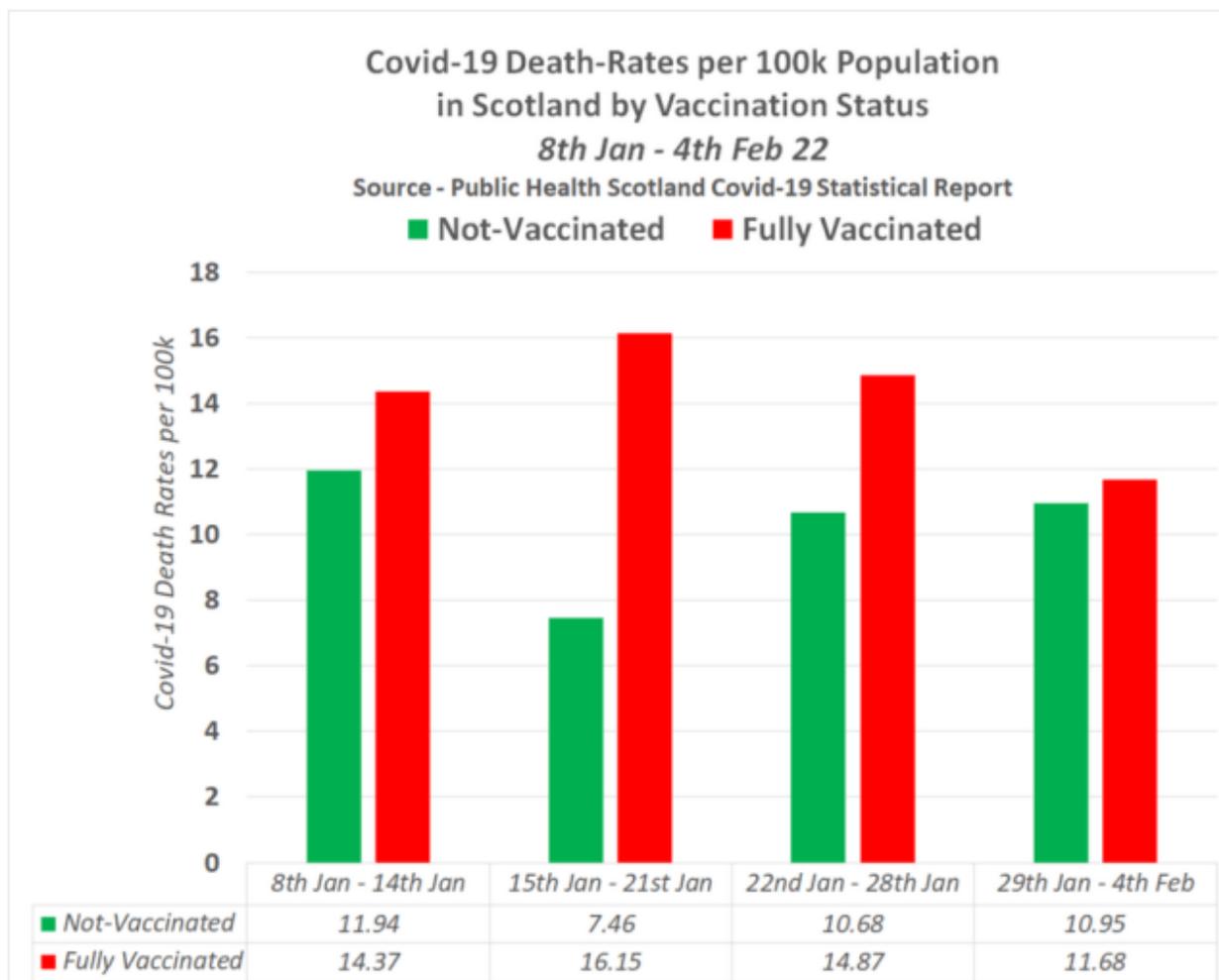
Source - Public Health Scotland Covid-19 Statistical Report

■ 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

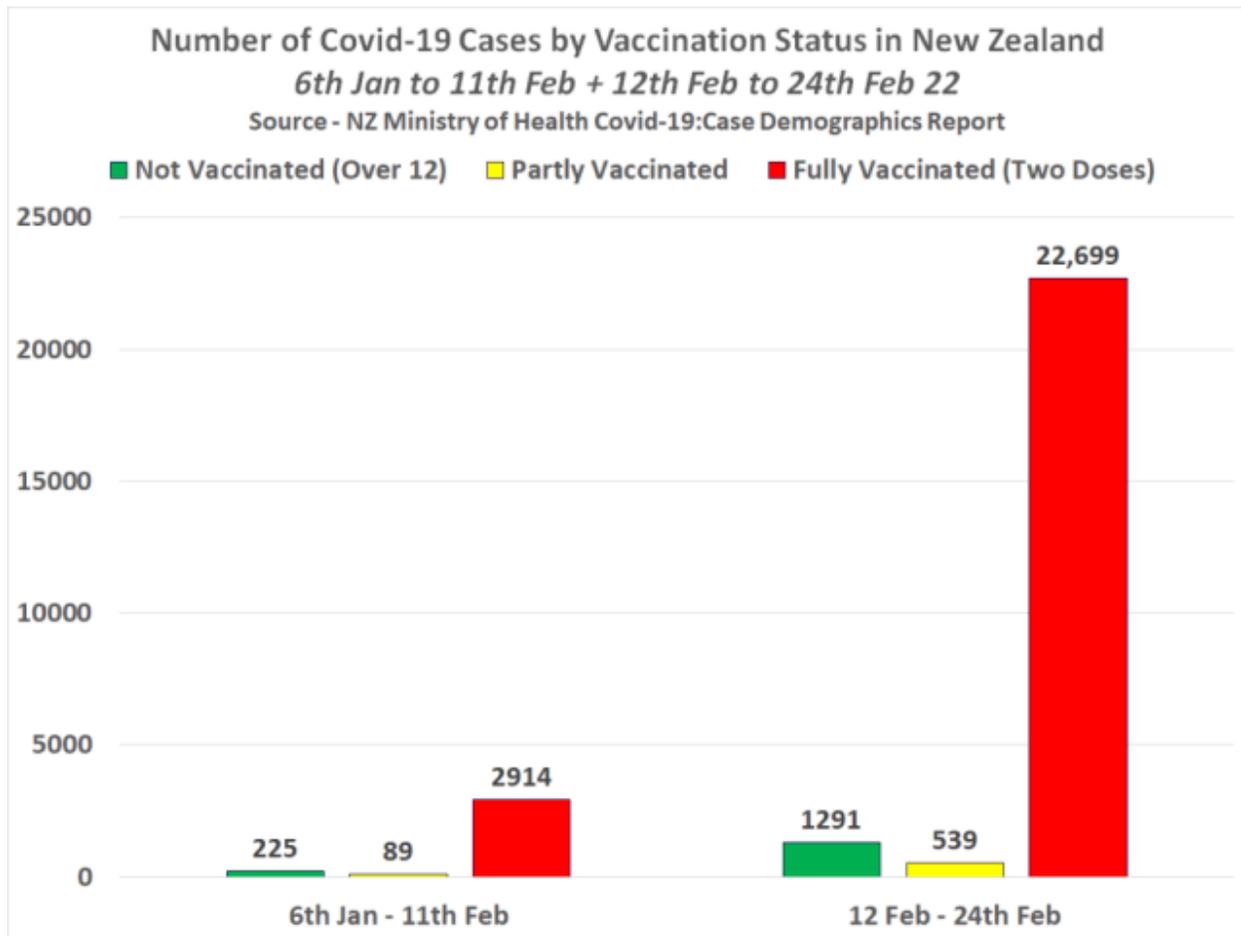
The charts above have been created using the figures published by Public Health Scotland in their '[COVID-19 & Winter Statistical Report](#)' published 16th Feb 22, and they show that Covid-19 infection, hospitalisation and death rates per 100,000 individuals were consistently higher among the fully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

This is what Covid-19 vaccination has done to the people of Scotland.

New Zealand

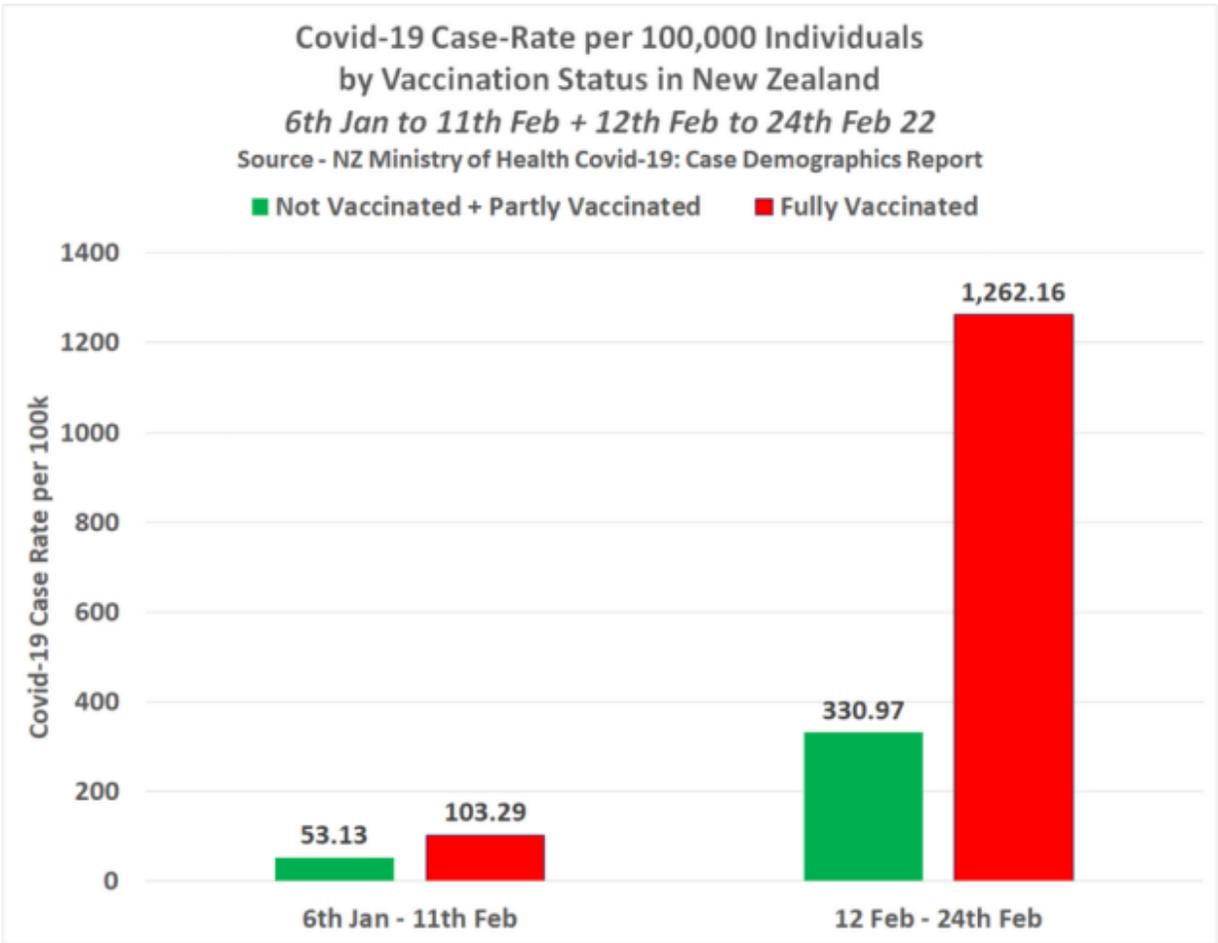
The following chart shows the true number of Covid-19 cases by vaccination status between 6th Jan and 11th Feb, and between 12th Feb and 24th Feb in New Zealand. The data has been extracted from the following official New Zealand Ministry of Health '[Covid-19: Case Demographics](#)' reports –

- '[Covid-19: Case Demographics](#)' report published 25th Feb 2022,
- '[Covid-19: Case Demographics](#)' report published 12th Feb 2022,
- '[Covid-19: Case Demographics](#)' report published 6th Jan 2022.



As you can see in both periods the fully vaccinated population accounted for the majority of Covid-19 cases, but the difference in the number of cases by vaccination status between 12th Feb and 24th Feb is shocking.

The following chart shows the Covid-19 case rate per 100k population by vaccination status between 6th Jan and 11th Feb, and between 12th Feb and 24th Feb 22 in New Zealand base on the cases above –

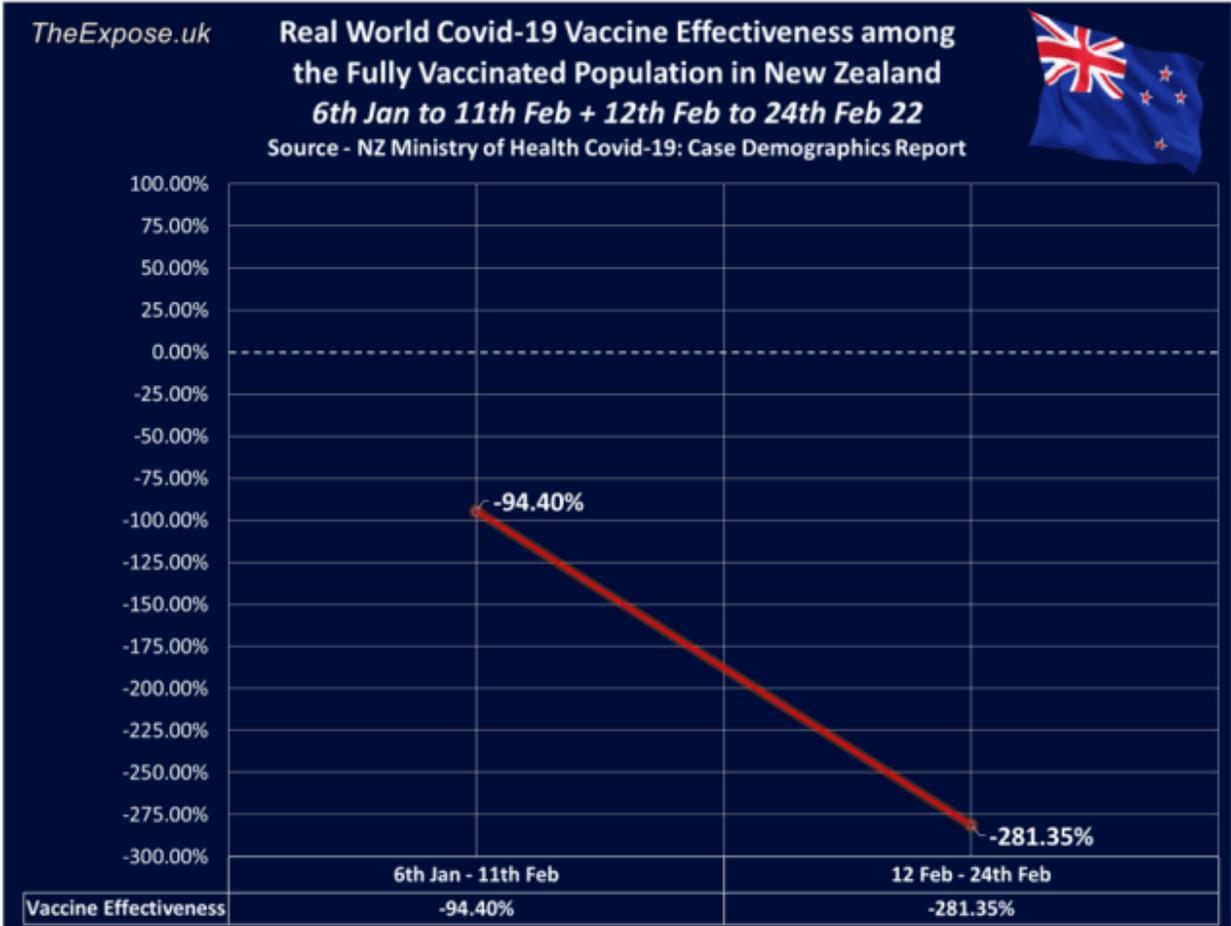


These case rates, just like the Public Health Scotland case rates, certainly pour water on the bonfire of anyone who says “vaccination reduces the chances of being infected with Covid-19”, don’t they?

This means the Covid-19 injections have a real-world negative effectiveness, and we’re able to use Pfizer’s vaccine effectiveness formula to calculate it.

Unvaccinated case rate – Vaccinated case rate / Unvaccinated case rate = Vaccine Effectiveness

The following chart shows the real-world two-dose Covid-19 vaccine effectiveness between 6th Jan and 11th Feb, and between 12th Feb and 24th Feb 22 –



Between 6th Jan and 11th Feb the real-world Covid-19 vaccine effectiveness proved to be minus-94.4%, but by the 24th Feb, the real-world vaccine effectiveness fell to minus-281.35%. This means the fully vaccinated were 3.8 times more likely to be infected with Covid-19 than the unvaccinated/one dose vaccinated population.

This is what double vaccination has done to the people of New Zealand.

Canada

Despite the Government enforcing Draconian restrictions which have in turn coerced millions into getting the Covid-19 injections, since the turn of the year the country of Canada has experienced its largest wave of Covid-19 cases, hospitalisations and deaths to date.

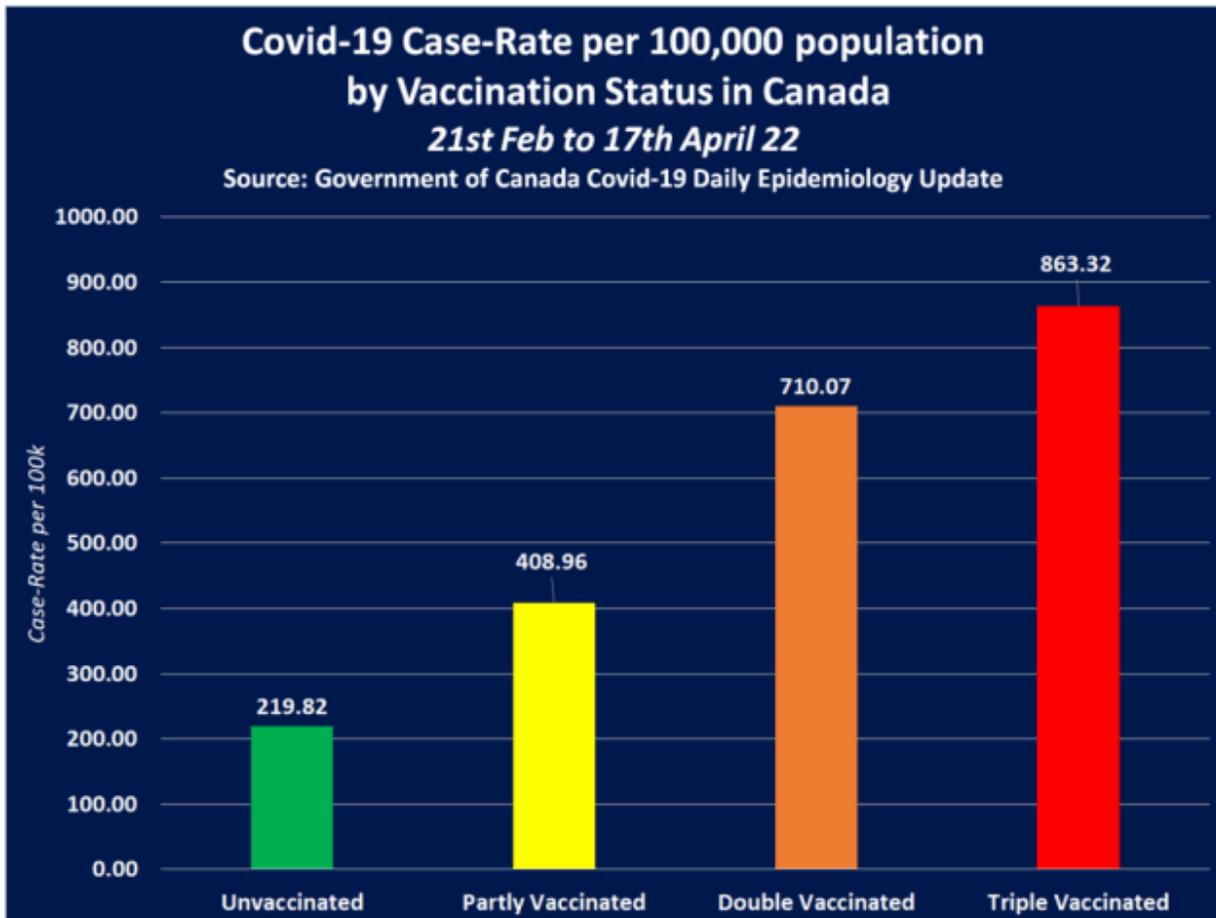
Why?

Official [Government of Canada data](#) shows that the vaccinated population as a whole has accounted for 4 in every 5 Covid-19 cases, hospitalisations and deaths from 21st February 2022, up to 17th April.

But it also shows the case/hospitalisation/death-rates per 100,000 population have been highest among the triple vaccinated during the same time frame.

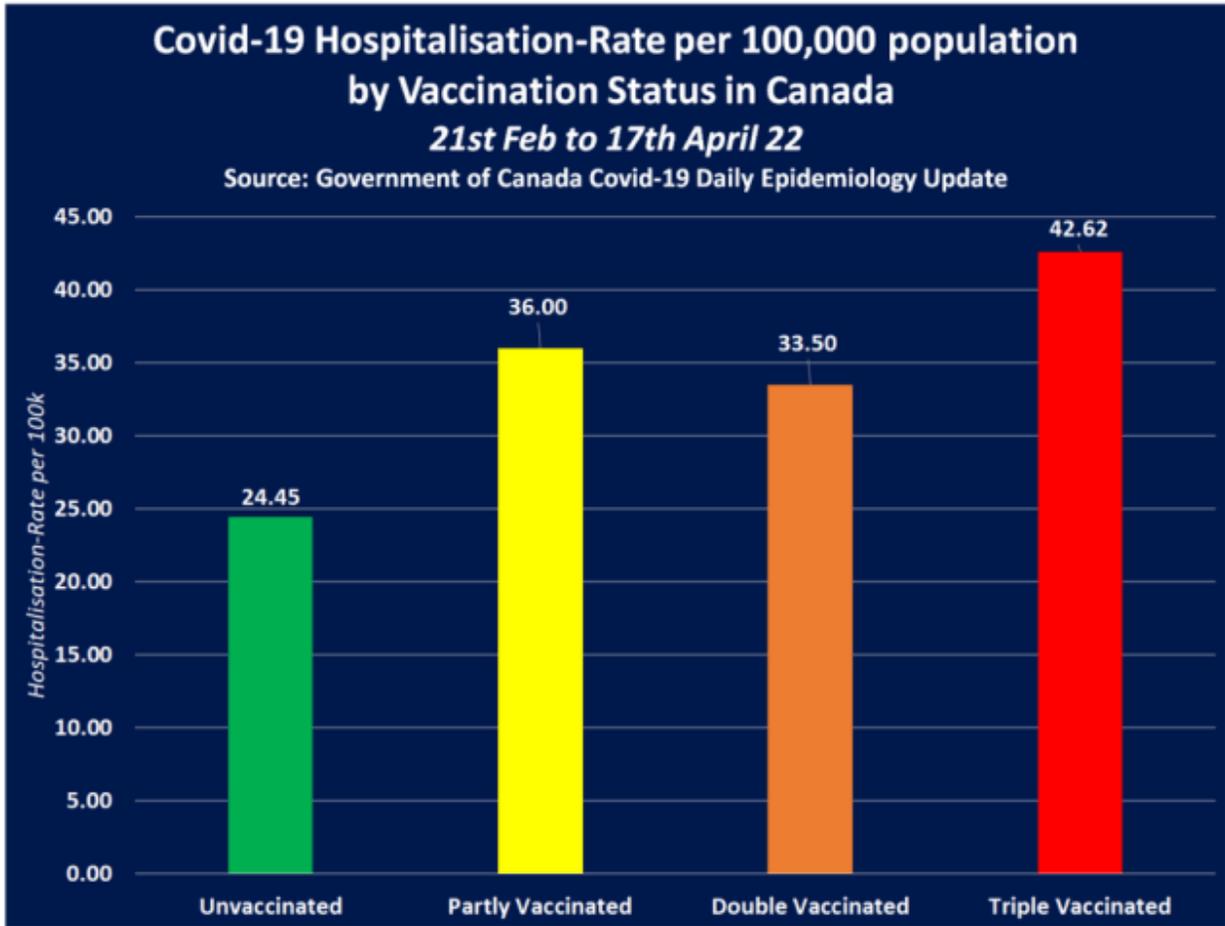
So high that the data shows the triple vaccinated are on average 4 times more likely to be infected with Covid-19, 2 times more likely to be hospitalised with Covid-19, and 3 times more likely to die of Covid-19 than the unvaccinated.

The following chart shows the vaccinated case-rates per 100,000 by vaccination status across Canada between 21st Feb and 17th April 2022 –



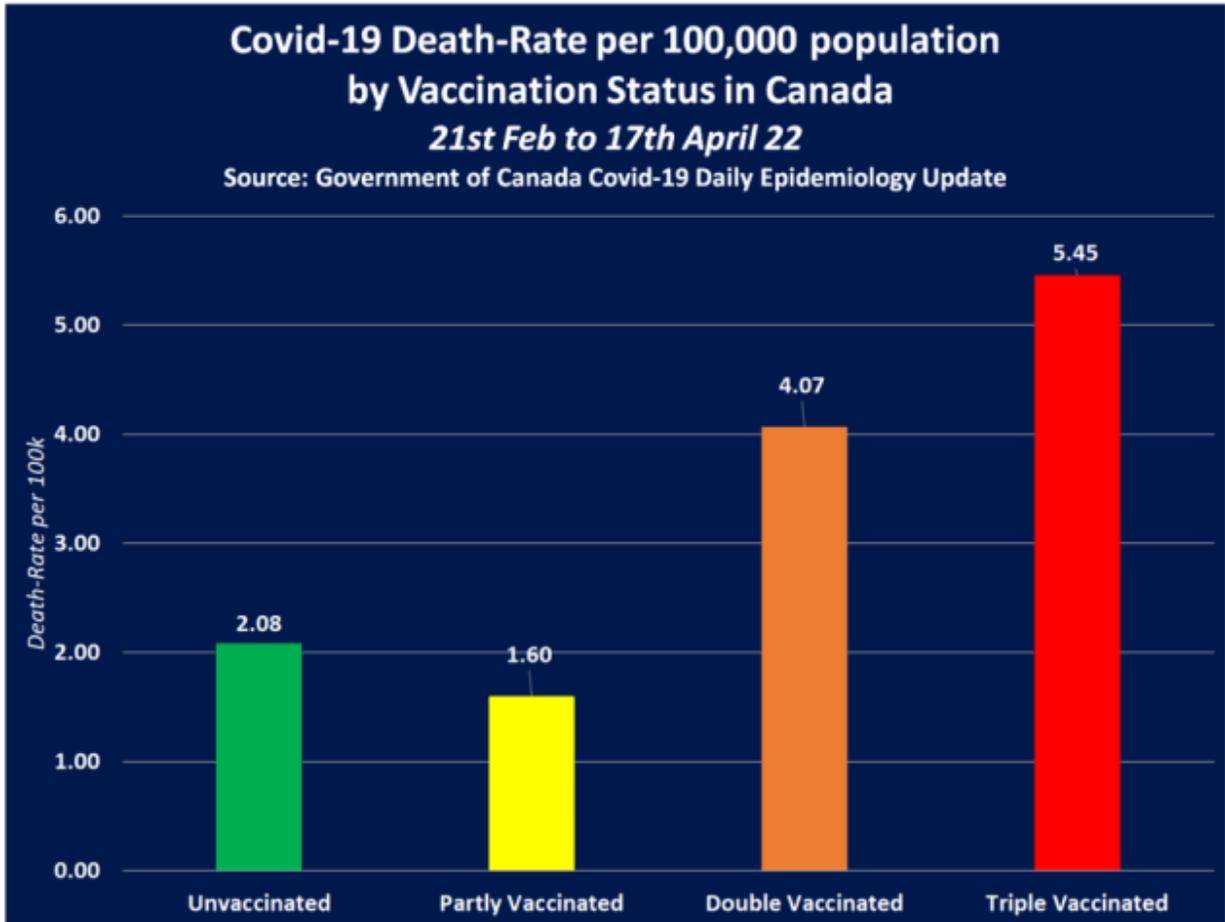
Source

The following chart shows the vaccinated hospitalisation-rates per 100,000 by vaccination status across Canada between 21st Feb and 17th April 2022 –



Source

The following chart shows the vaccinated death-rates per 100,000 by vaccination status across Canada between 21st Feb and 17th April 2022 –



Source

This is what Covid-19 vaccination has done to the people of Canada.

England

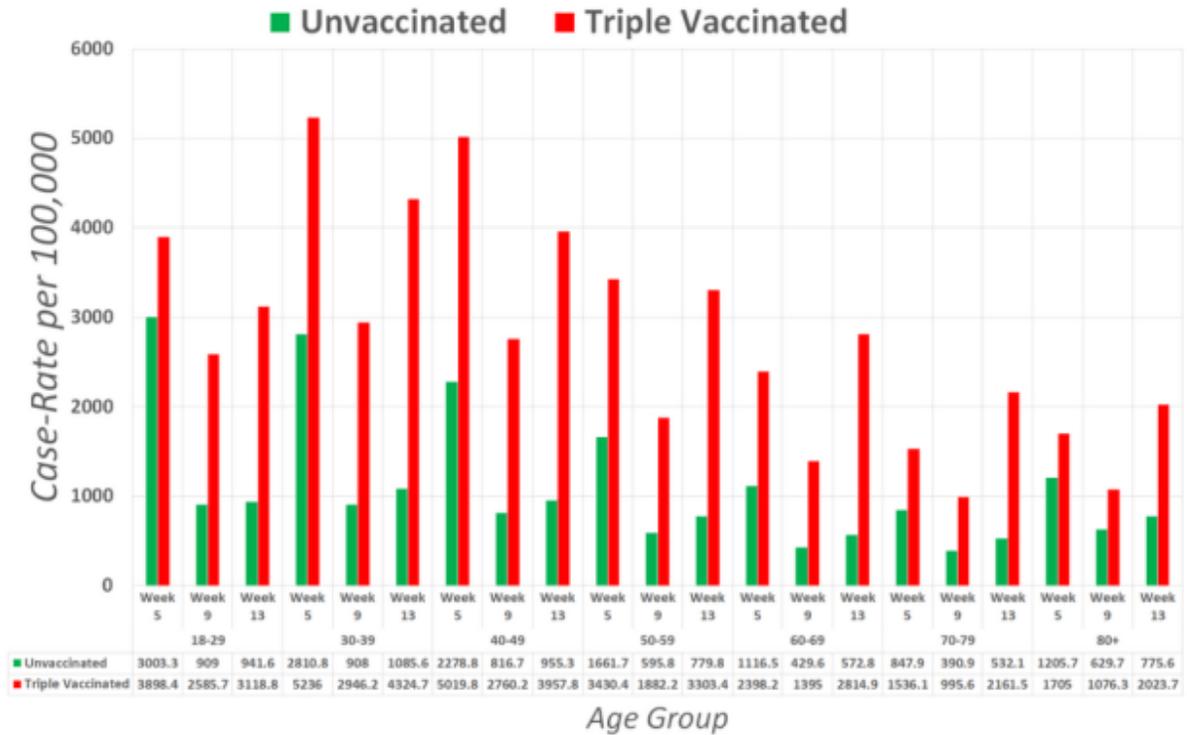
The UK Health Security Agency is also playing the same game as Public Health Scotland, and since the 1st April 2022 has refused to publish any further data on Covid-19 cases, hospitalisations and deaths by vaccination status.

Here's why –

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

3rd Jan to 27th March 2022

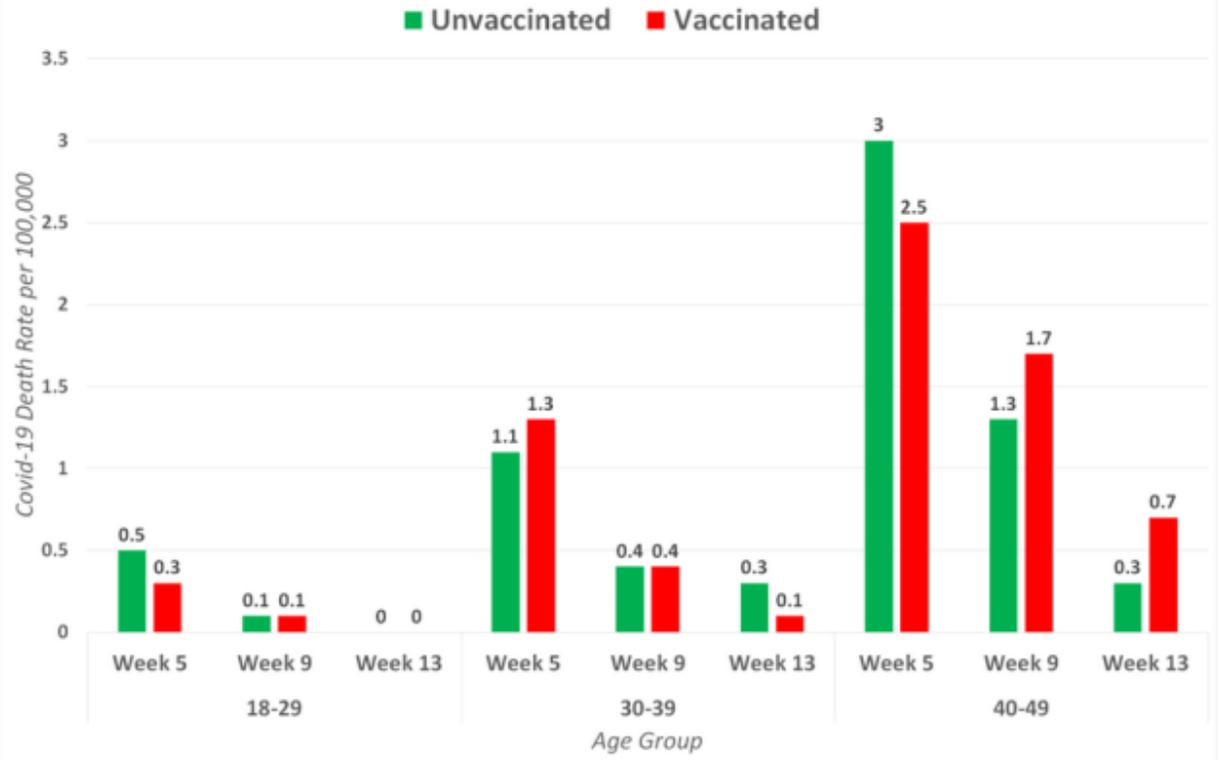
Source: UKHSA Vaccine Surveillance Report - Week 5 + Week 9 + Week 13 - 2022

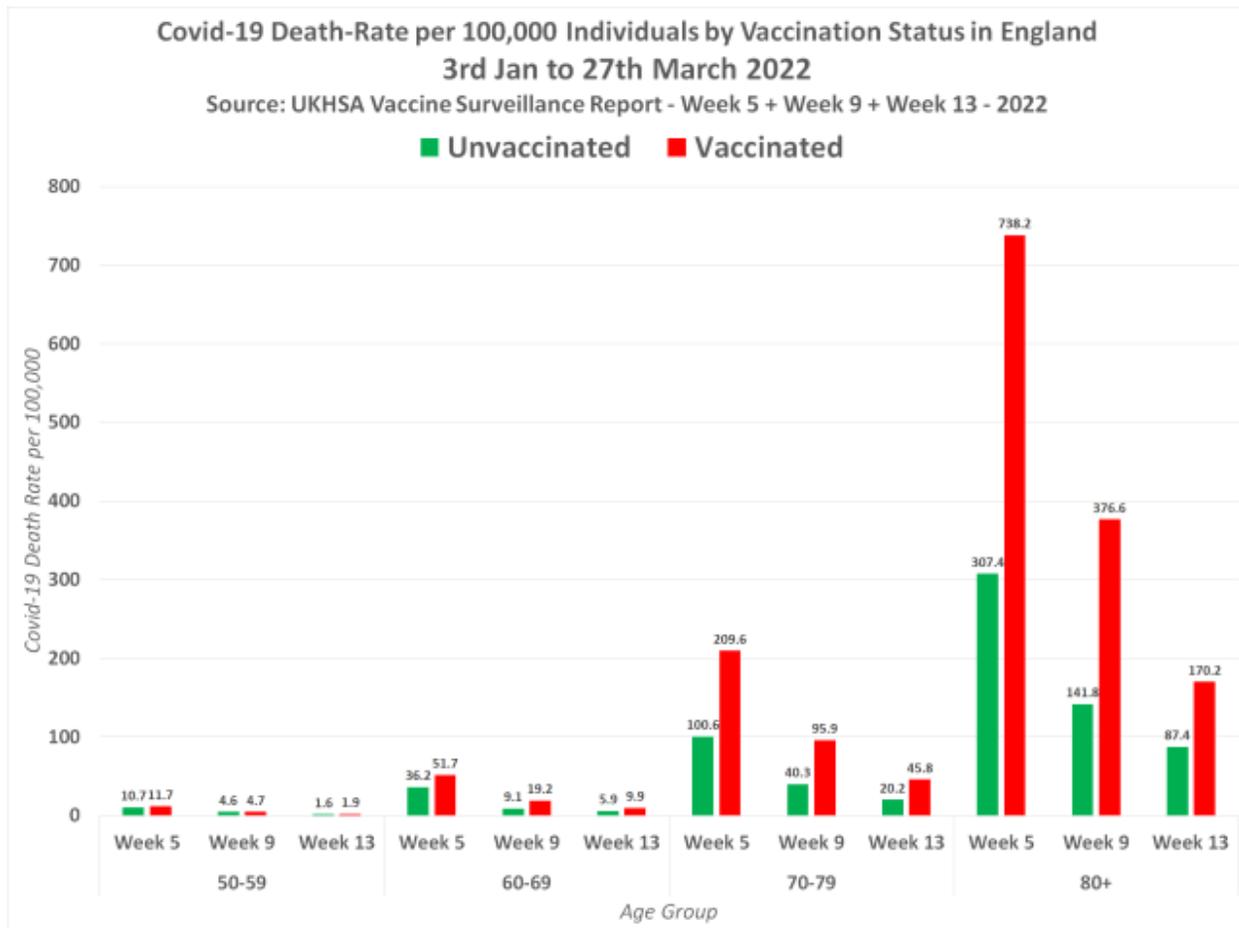


Covid-19 Death-Rate per 100,000 Individuals by Vaccination Status in England

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.

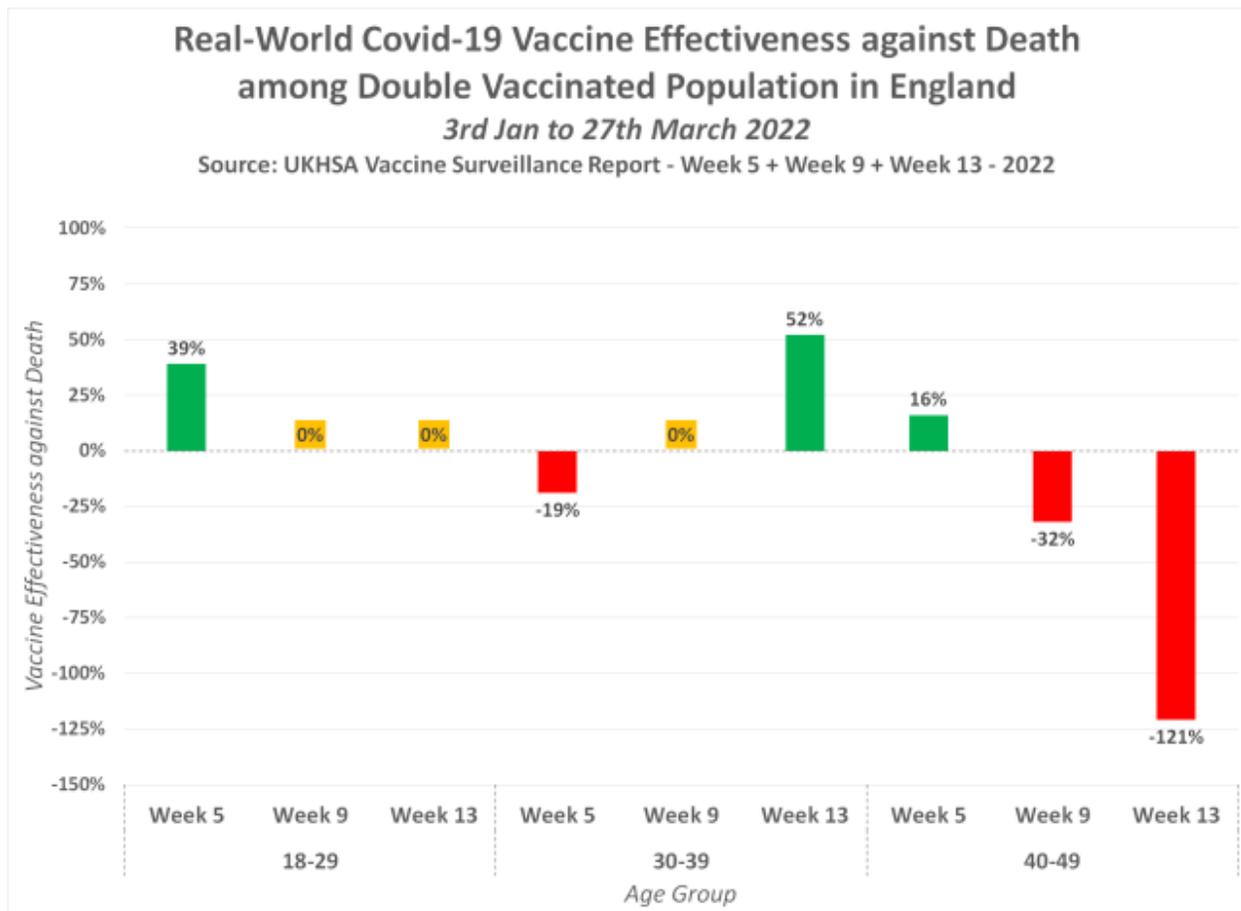
The only other age group to break the trend was 30-39-year-olds, who flip-flopped back to a slightly higher death rate among the unvaccinated in week 13. But apart from this, all other age groups had suffered a higher death rate among the double vaccinated since the beginning of the year.

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:

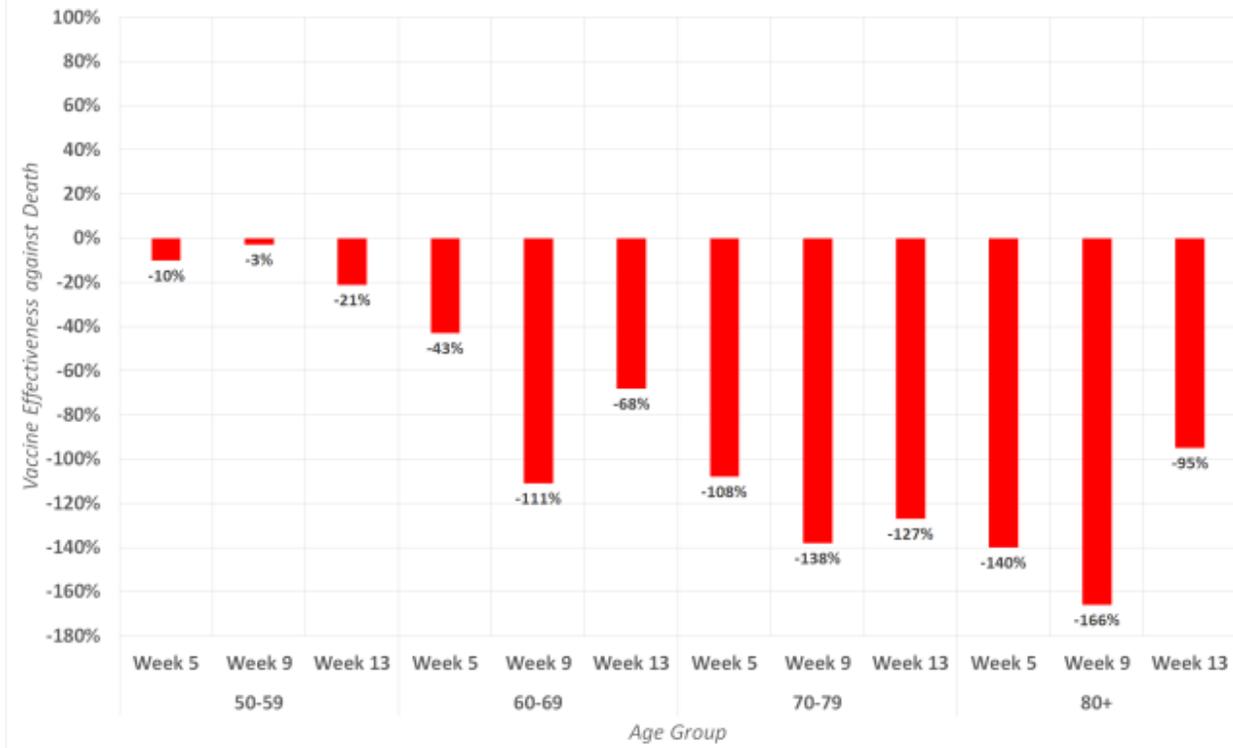
$Unvaccinated\ Rate\ per\ 100k - Vaccinated\ Rate\ per\ 100k / Unvaccinated\ Rate\ per\ 100k \times 100 = Vaccine\ Effectiveness$)



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



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 this is a lie. Vaccine effectiveness doesn't wane. Immune system performance does.

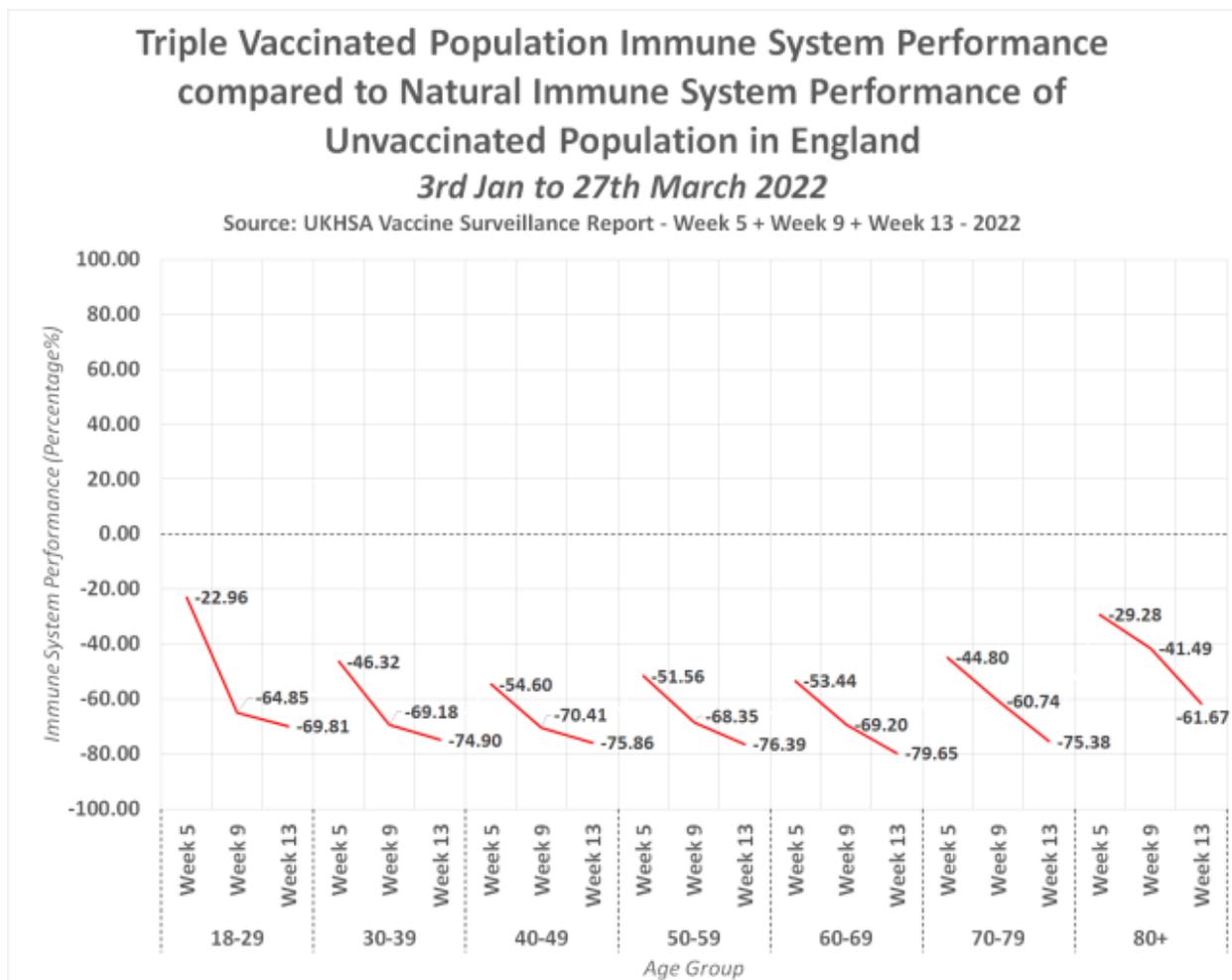
Vaccine effectiveness isn't really a measure of a vaccine, it is a measure of a vaccine recipient's immune system performance compared to the immune system performance of an unvaccinated person.

A vaccine effectiveness of -50% would mean that the immune system of the vaccinated is now performing at a worse rate than the natural immune system of the unvaccinated. It would mean the Covid-19 vaccines have damaged the immune system, and that's precisely what these figures are showing.

The following chart shows the immune system performance of the triple vaccinated population in England by age group in per week compared to the natural immune system of the unvaccinated population based on the case-rate figures provided above –

Positive Immune System Performance = Unvaccinated Case Rate – Vaccinated Case Rate / Unvaccinated Case Rate x 100

Negative Immune System Performance = Unvaccinated Case Rate – Vaccinated Case Rate / Vaccinated Case Rate x 100



The lowest immune system performance was among 60-69-year-olds at a shocking minus-80%, but all triple vaccinated people aged 30 to 59 were not far behind, with an immune system performance ranging from minus-75% to minus-76%.

Even the 18 to 29-year-olds were within this region at minus-70%, falling from an immune system performance of +11.35% between week 51 and week 2, meaning they suffered the fastest decline in immune system performance.

Anyone over the age of 60 who has had three jabs should be extremely concerned based on the figures above because they reveal an extremely rapid decline in immune system performance since the beginning of 2022.

But that's not to say anyone under the age of 60 shouldn't be concerned, they are already all suffering from an immune system that has degraded on average between 70 and 76%.

This is what Covid-19 Vaccination has done to the people of England... and Scotland, and New Zealand, and Canada, and most likely the rest of the world.

The question is, why?

Antibody-Dependent Enhancement?

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 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.

Instead, they act as a gateway by allowing the virus 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.

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 herein lies the problem, none of the Covid-19 vaccines have completed phase three clinical trials.

The [Pfizer phase three trial](#) is not due to complete until February 8th 2024, after previously being estimated to complete in April 2023.

Study Type ⓘ : Interventional (Clinical Trial)
Estimated Enrollment ⓘ : 43998 participants
Allocation: Randomized
Intervention Model: Parallel Assignment
Masking: Triple (Participant, Care Provider, Investigator)
Primary Purpose: Prevention
Official Title: A PHASE 1/2/3, PLACEBO-CONTROLLED, RANDOM
Actual Study Start Date ⓘ : April 29, 2020
Estimated Primary Completion Date ⓘ : February 8, 2024
Estimated Study Completion Date ⓘ : February 8, 2024

Source

However, of the information collated by Pfizer so far in the ongoing study they have conducted, it is clear to see that they were fully aware in February 2021 that antibody-dependent enhancement was a possible consequence of their Covid-19 injection, and it appears they also knew by April 2021 that the phenomenon was killing people.

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

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. 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).

Antibody-Dependent Enhancement would certainly explain why the vaccinated population are twice as likely to be hospitalised with and die of Covid-19 than the unvaccinated population, but we're not sure it would explain why the vaccinated are up to five times more likely to be infected with Covid-19.

Another extremely serious condition that would explain the higher case rate as well as the higher hospitalisation/death rate is Acquired Immune Deficiency Syndrome (AIDS).

Acquired Immune Deficiency Syndrome?

It's a common misconception that Acquired Immunodeficiency Syndrome (AIDS) is only caused by the HIV virus. This simply isn't true.

Acquired (or secondary) immunodeficiency is one of the major causes of infections in adults. These immunodeficiency disorders affect your immune system partially or as a whole, making your body an easy target for several diseases and infections. ([Source](#))

When immunodeficiency disorders affect your immune system, your body can no longer fight bacteria and diseases. ([Source](#))

Several factors in the environment can cause secondary immunodeficiency disorders. ([Source](#))

Some common ones are:

- Radiation or chemotherapy, which can lead to a secondary immunodeficiency disorder known as neutropenia
- Infections due to human immunodeficiency virus (HIV) can result in acquired immune deficiency syndrome (AIDS)
- Leukaemia, a cancer that begins in the cells of the bone marrow that can lead to hypogammaglobulinemia—a type of secondary immunodeficiency
- Malnutrition, which affects up to 50% of populations in underdeveloped countries and leaves people vulnerable to respiratory infections and diarrhoea

But some of the less common causes include **Drugs or medications**. ([Source](#))

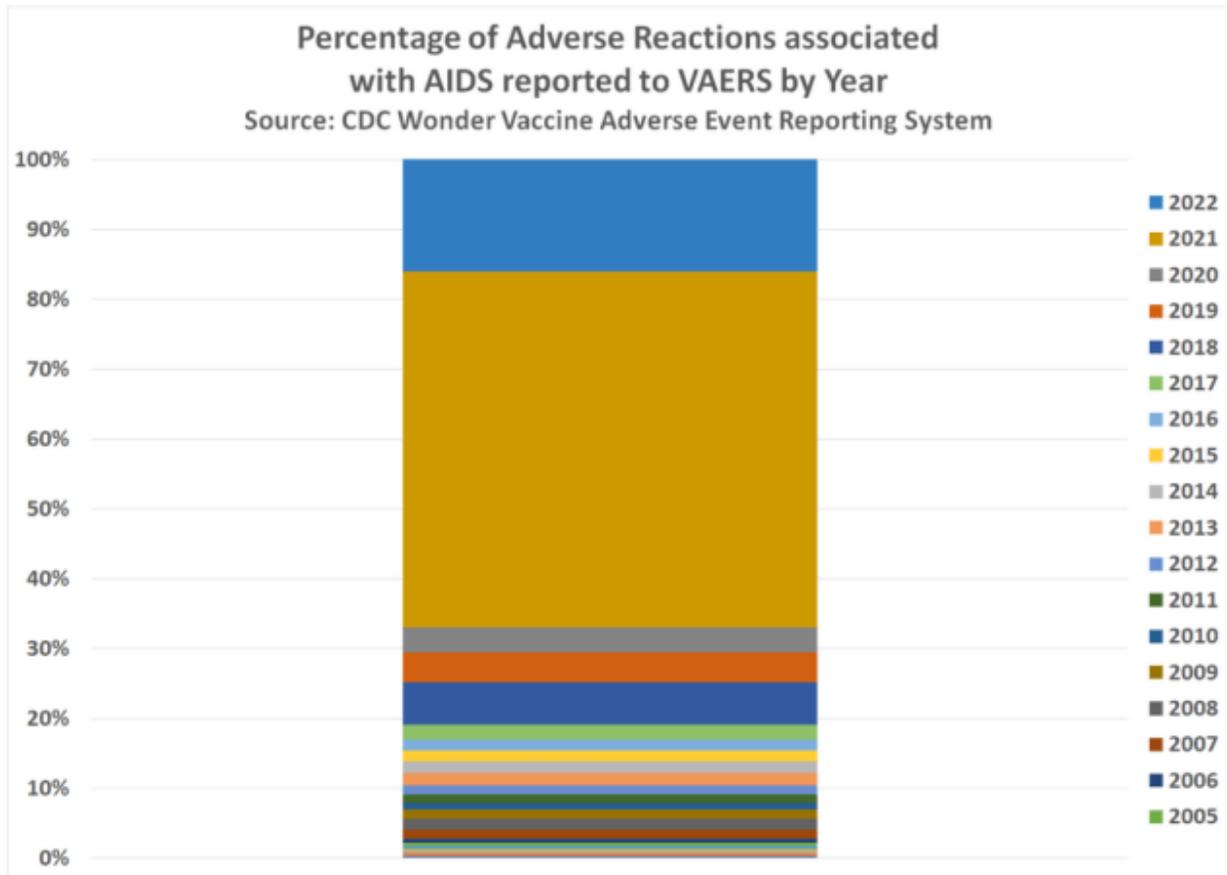
So it's perfectly possible for a medication or drug to cause acquired immunodeficiency syndrome, and data published by Public Health Scotland, the New Zealand Ministry of Health, the Government of Canada, the UK Health Security Agency, the UK's Office for National Statistics, and the U.S. Centers for Disease Control strongly suggests the Covid-19 injections should be added to the list.

USA

The CDC hosts a Vaccine Adverse Event Reporting System where adverse reactions to vaccines can be reported. The full database can be found [here](#).

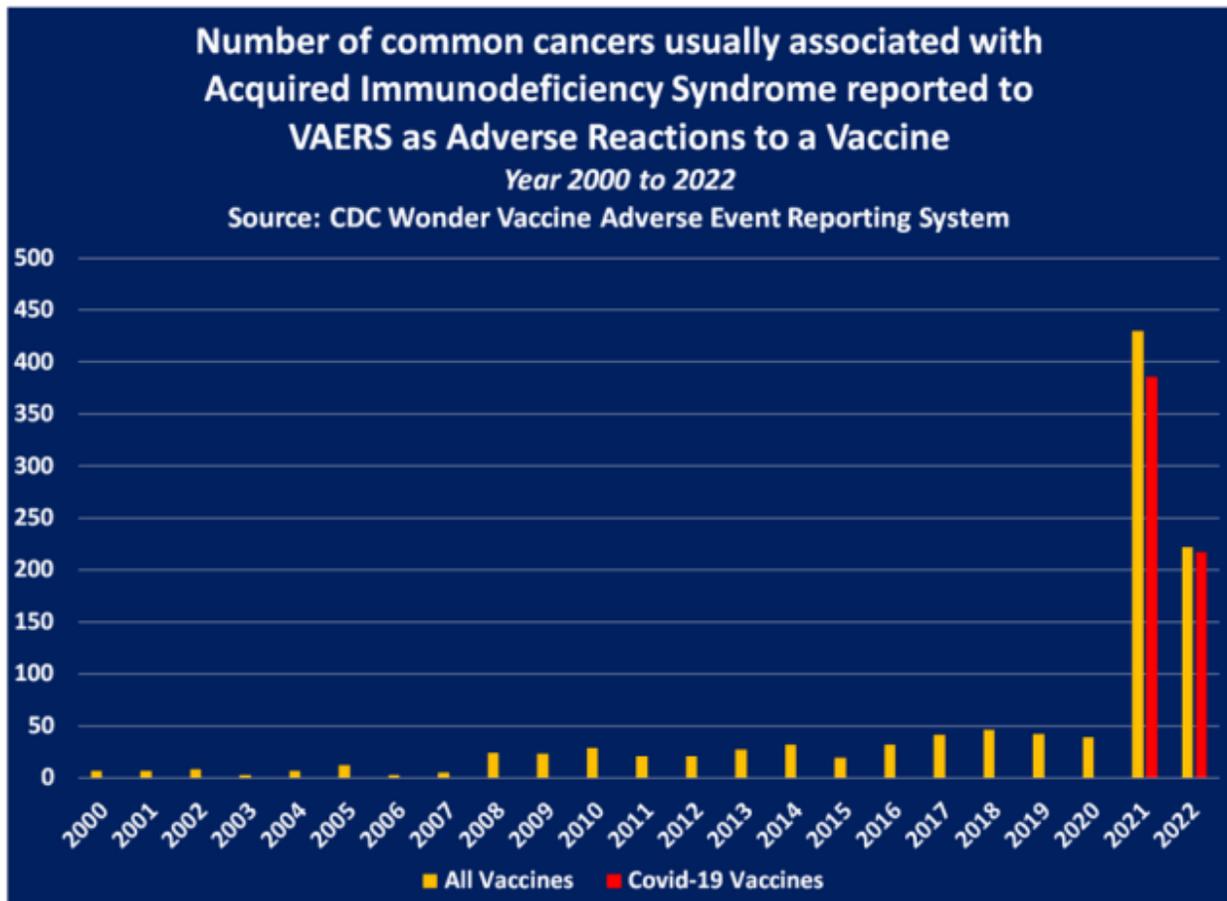
The database contains adverse reactions reported to all available vaccines in the USA, stretching as far back as 1950. So, we ran a search of the database to check for common diseases and infections associated with acquired immunodeficiency syndrome, and this is what we found.

The following chart shows the percentage of AIDS-associated adverse reactions reported to VAERS to all vaccines by year –



The data shows that fifty-one-percent of all adverse reactions associated with AIDS reported since the year 2000 were reported in 2021, and a further 16% have been reported in 2022 so far.

The following chart shows the number of common cancers usually associated with AIDS that have been reported to VAERS as adverse reactions to all vaccines (*including the Covid-19 jabs*) by the year reported, and the Covid-19 vaccines only by the year reported –



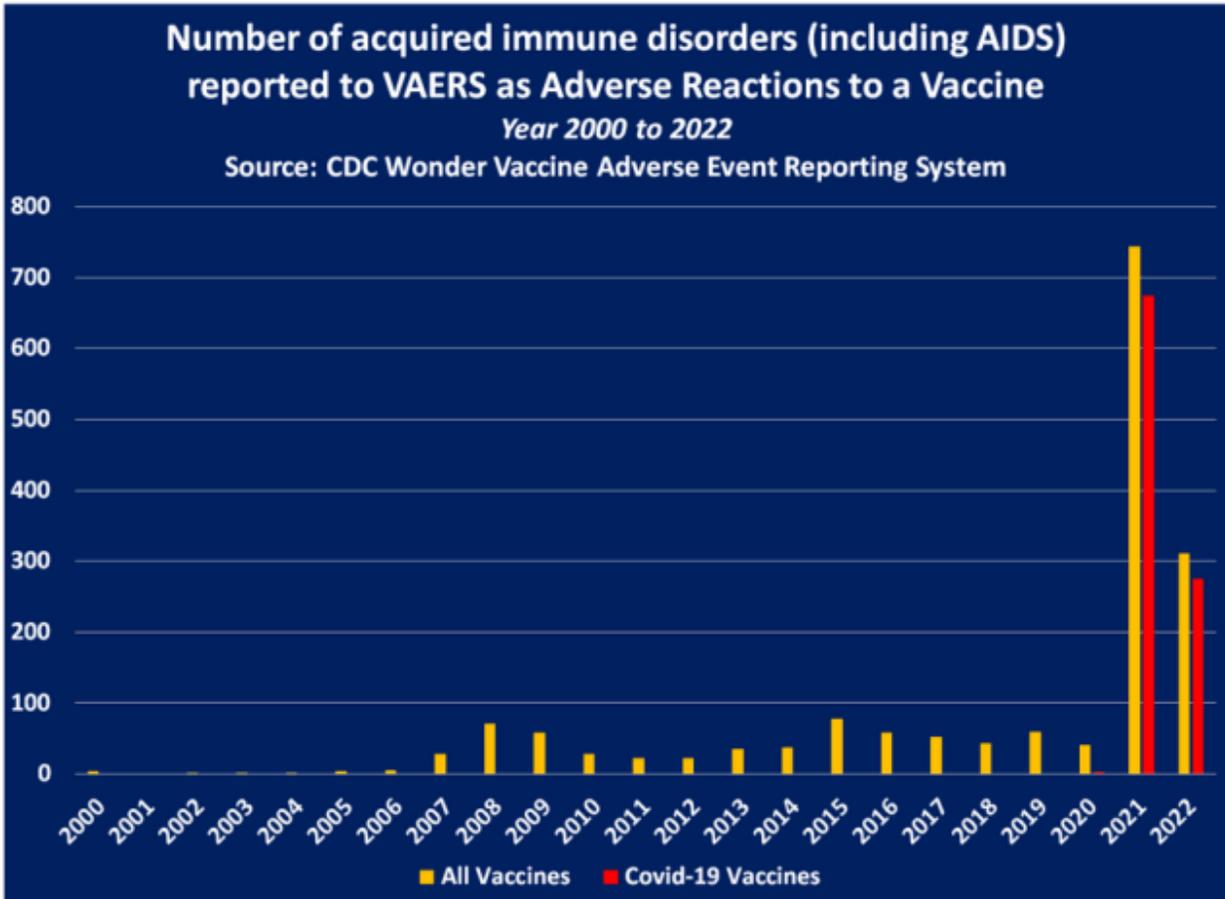
As you can see there was a huge increase in reports in 2021 and in 2022 so far, with the vast majority being attributed to the Covid-19 injections.

The average number of common cancers associated with AIDS being reported as adverse reactions to any vaccine between the years 2000 and 2020 equates to 21.3.

The total number of common cancers associated with AIDS reported as adverse reactions in 2021 was 430. This represents a 1919% increase.

It is however important to note that not all adverse reactions are reported to VAERS. In fact the CDC has admitted just 1 to 10% of adverse reactions are actually reported to the system. But a brilliant analysis conducted by Jessica Rose Phd accurately estimates the underreporting factor to be at least 41.3. See [here](#).

The following chart shows the number of acquired immune disorders, including AIDS, that have been reported to VAERS as adverse reactions to all vaccines (*including the Covid-19 jabs*) by the year reported, and the Covid-19 vaccines only by the year reported –

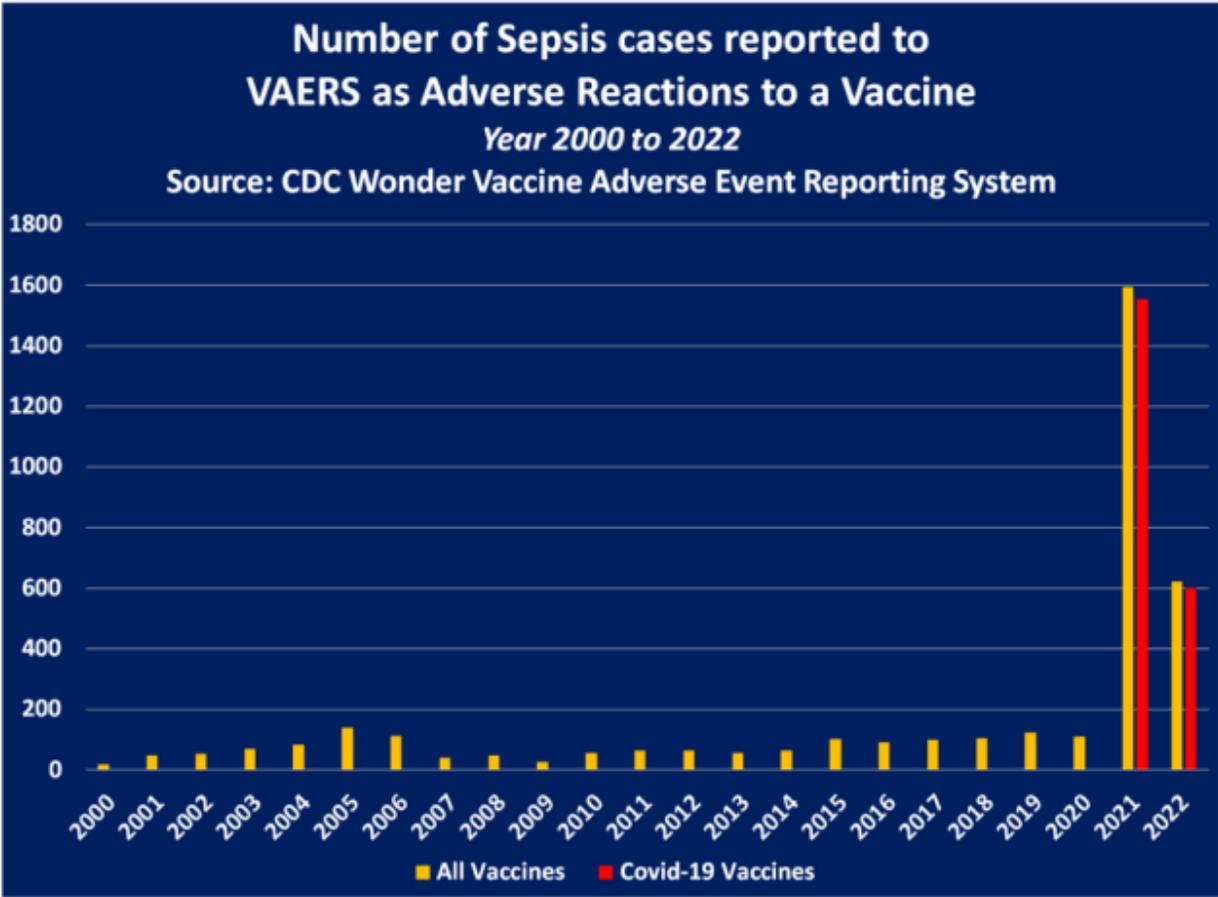


Yet again there was a huge increase in reports in 2021 and in 2022 so far, with the vast majority being attributed to the Covid-19 injections.

The average number of acquired immune disorders being reported as adverse reactions to any vaccine between the years 2000 and 2020 equates to 31.

The total number of acquired immune disorders reported as adverse reactions in 2021 was 386. This represents a 1145% increase.

The following chart shows the number of sepsis cases that have been reported to VAERS as adverse reactions to all vaccines (*including the Covid-19 jabs*) by the year reported, and the Covid-19 vaccines only by the year reported –



Sepsis is the body’s extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection you already have triggers a chain reaction throughout your body. Infections that lead to sepsis most often start in the lung, urinary tract, skin, or gastrointestinal tract.

The average number of sepsis cases being reported as adverse reactions to any vaccine between the years 2000 and 2020 equates to 75.

The total number of sepsis cases reported as adverse reactions in 2021 was 1593. This represents a 2024% increase.

Are we really to believe that this is just an unfortunate coincidence? Or are we witnessing the American public report to the Centres for Disease control that the Covid-19 injections are causing them to develop acquired immunodeficiency syndrome?

Damning Figures from the Office for National Statistics

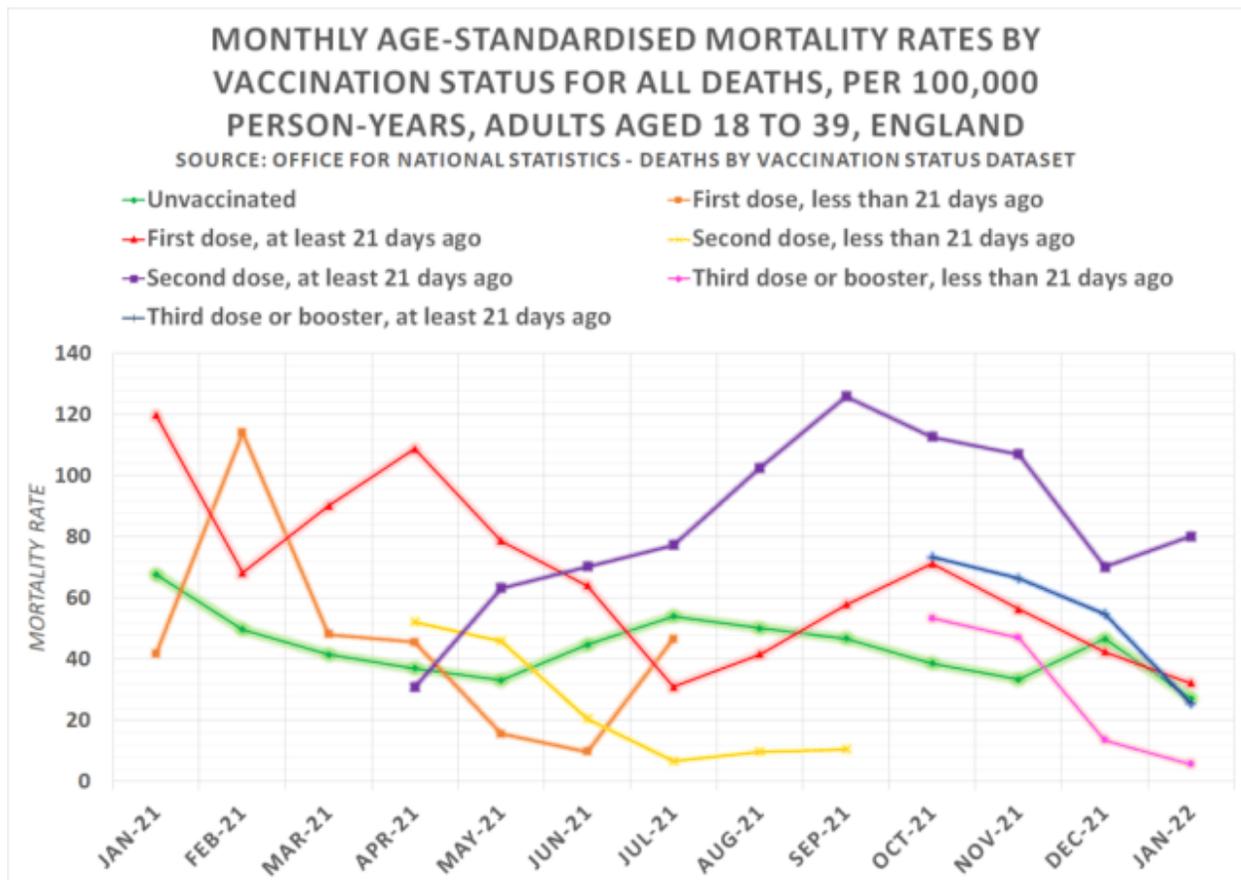
The Office for National Statistics is the UK’s largest independent producer of official statistics and the recognised national statistical institute of the UK. It is responsible for collecting and publishing statistics related to the economy, population and society at national, regional and local levels.

In its latest dataset on deaths in England by vaccination status, which can be found [here](#), the ONS reveals that the all-cause mortality-rate among the fully vaccinated is higher than the all-cause mortality rate among the unvaccinated.

So not only are the vaccinated population more likely to die of Covid-19, they are more likely to die of any cause. This further supports the available evidence that suggests the Covid-19 injections are doing untold damage to the immune system, causing people to develop acquired immunodeficiency syndrome.

Table 2 of the ONS dataset contains data on the monthly age-standardised mortality rates by vaccination status by age group for all deaths in England.

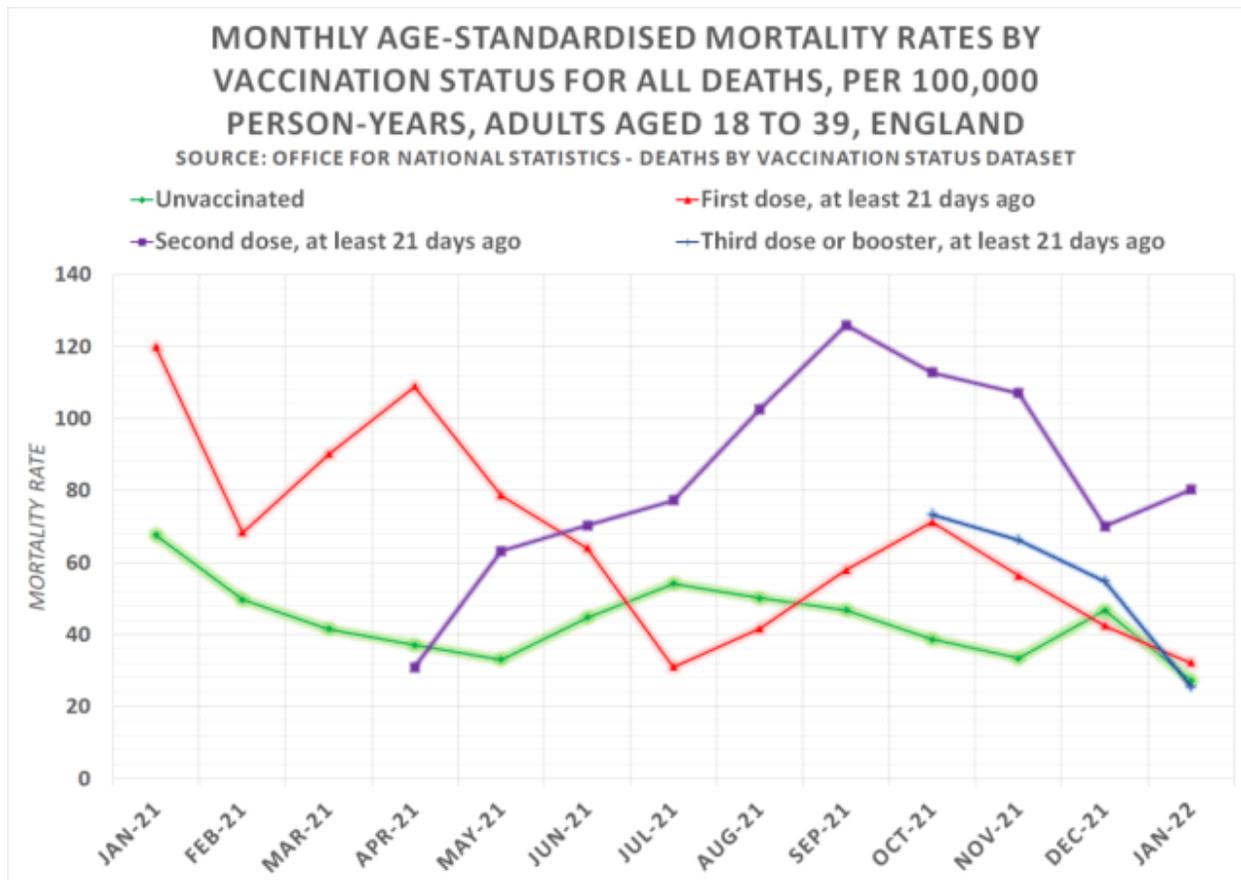
The following chart shows the monthly age-standardised mortality rates by vaccination status for all-cause deaths, per 100,000 person-years among adults aged 18 to 39 in England. The green line is the mortality rate among the unvaccinated, which while fluctuating has remained pretty stable throughout.



Source Data

The other lines however represent different vaccination statuses, and they are extremely concerning. The orange, yellow, and pink lines represent mortality rates within 21 days of receiving a first, second or third dose. And they reveal that the risk of death increases significantly immediately after vaccination.

But the most concerning figures are the mortality rates among those vaccinated at least 21 days ago, which you can see more clearly in the following chart –



Source Data

In January 2021 the mortality rate per 100,000 person-years among the unvaccinated equated to 67.7. This then fell month on month to 33.1 in May, before increasing again in June to 44.8. The same however cannot be said for those who had received a single dose at least 21 days prior to their death.

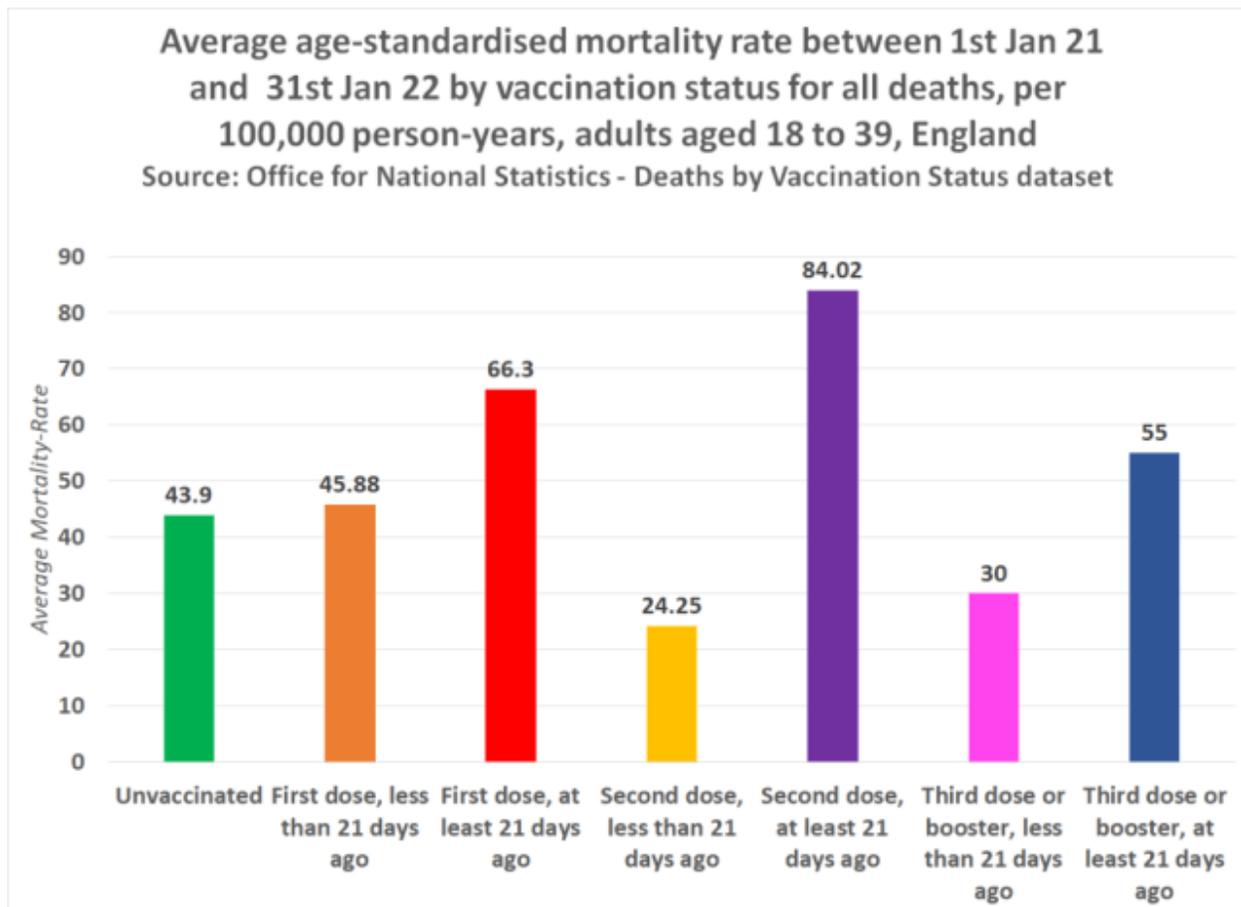
In January 2021 the mortality rate per 100,000 person-years among the partly vaccinated equated to 119.9. Meaning the mortality rate was 77% higher than the mortality rate among the unvaccinated. This then fell to 68.3 deaths per 100,000 in February, before climbing to 90.1 in March, then 108.8 in April.

This means at this point the mortality rate among the partly vaccinated was 193.3% higher than the mortality rate among the unvaccinated. But not long after following the second dose being administered things get even worse.

The highest mortality rate among the double vaccinated (at least 21 days ago) occurred in September 2021, with 125.9 deaths per 100,000 person-years. In the same month, the mortality rate among the unvaccinated equated to 46.8. Meaning the double vaccinated mortality rate was 169% higher than the unvaccinated mortality rate.

But the largest statistical difference occurred in November 2021. The mortality rate among the unvaccinated equated to 33.4 deaths per 100,000 person-years, whereas the mortality rate among the double vaccinated equated to 107. A difference of 220.4%.

The following chart shows the average-age standardised mortality rate to have occurred between 1st Jan 21 and 31st Jan 22 by vaccination status for all-cause deaths, per 100,000 person-years among adults aged 18 to 39 in England –



Source Data

The average mortality rate throughout these 13 months among the unvaccinated equates to 43.9 deaths per 100,000 person-years. But ignoring the mortality rate within the first 21 days of vaccination, we find that this is actually the lowest mortality rate among all vaccination statuses, and these include Covid-19 deaths in the rates.

The average partly vaccinated (At least 21 days ago) mortality rate equates to 66.3 deaths per 100,000. Whilst the average double vaccinated (At least 21 days ago) mortality rate equates to 84.02 deaths per 100,000 person-years between 1st Jan 21 and 31st Jan 22.

On average the one-dose vaccinated were 51% more likely to die than the unvaccinated, and the double vaccinated were 91.4% more likely to die than the unvaccinated between 1st Jan 21 and 31st Jan 22.

Something is very wrong, and it is because of the Covid-19 Injections

The real-world data does not lie.

The Covid-19 injection makes recipients more likely to be infected with Covid-19, more likely to be hospitalised with Covid-19, and more likely to die of Covid-19. But it turns out they also make recipients more likely to die of any cause.

Couple this with the fact that VAERS reports of diseases, cancers and infections associated with AIDS increased between 1145% and 33,715% in 2021 following the introduction of the Covid-19 injections, then surely it's time for the Governments of Scotland, New Zealand, Canada, the UK, the USA, and the rest of the world to admit that the Covid-19 injections are causing recipients to develop a new form of Acquired Immune Deficiency Syndrome?

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