

While you were distracted by Boris resigning, the UK Gov. published data confirming the COVID Death-Rate per 100k is now highest among Fully Vaccinated; suggesting they're suffering Antibody-Dependent Enhancement

Description

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UK: On 7th July, the Prime Minister of the United Kingdom, Boris Johnson, announced he was resigning from the post, resulting in a non-stop 24/7 media frenzy speculating what the future holds for the UK and who will be steering an already sinking ship.

But just hours before Boris made his announcement, his Government quietly published data that has conveniently now been swept under the carpet.

That data shows that since at least April 2022, in terms of deaths per 100,000, the fully vaccinated population in England have been more likely to die of Covid-19 than the unvaccinated population; meaning the Covid-19 injections now have negative effectiveness against death.

This, in turn, suggests the fully vaccinated are now suffering Vaccine-Associated Enhanced Disease and Antibody-Dependent Enhancement.



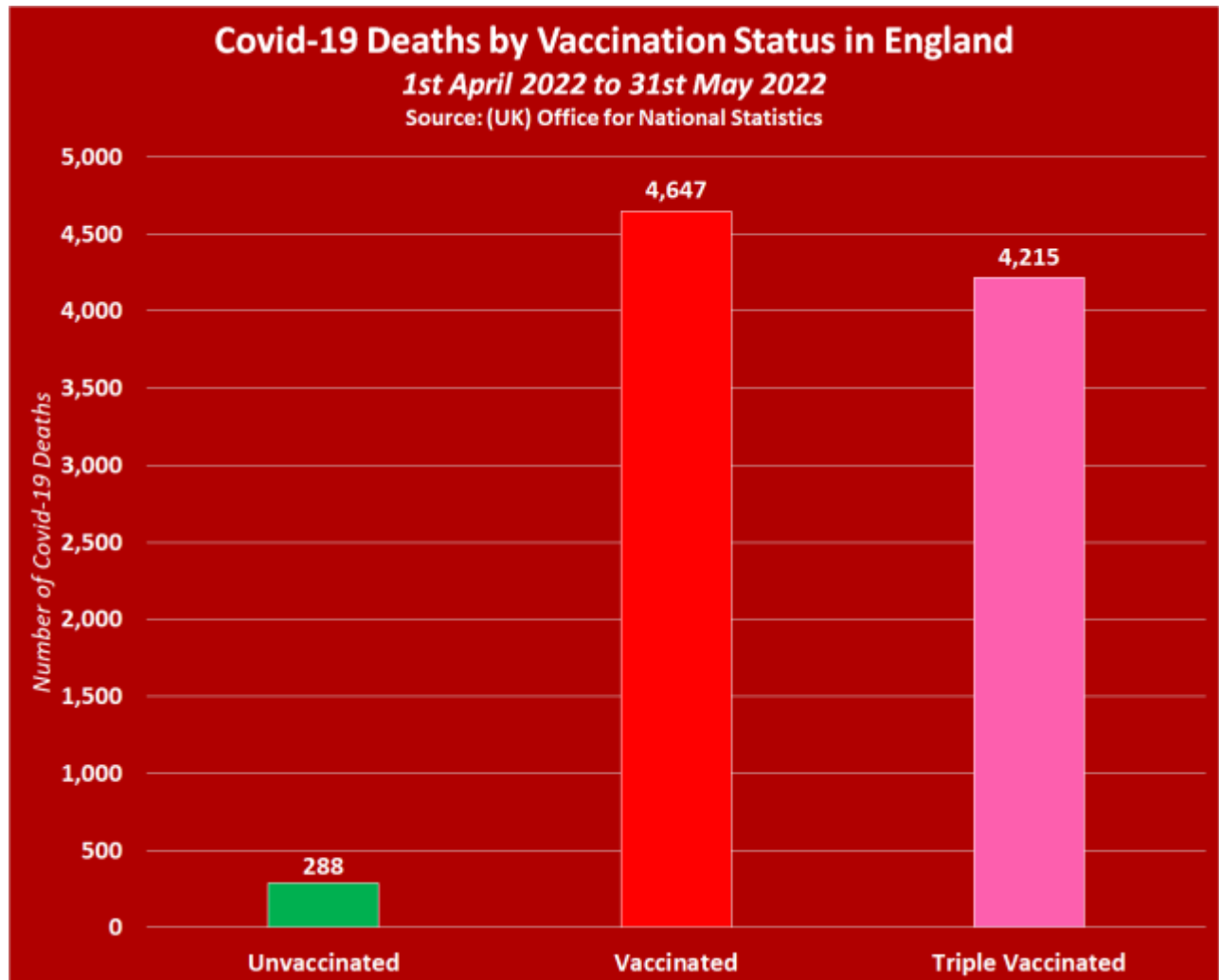
Back in March 2022, the UK Health Security Agency announced that from April 1st 2022, they would no longer publish the vaccination status of Covid-19 cases, hospitalisations and deaths in England.

At the time, the UKHSA claimed this was because the UK Government had ended free universal Covid-19 testing and this, therefore, affected their “ability to robustly monitor Covid-19 cases by vaccination status”.

However, this was a lie.

Because another UK Government agency, the Office for National Statistics (ONS), has just published a report containing data on deaths by vaccination status in England that includes deaths up to 31st May 2022.

On Monday 11th July, we revealed how that report showed the vaccinated population in England accounted for 94% of Covid-19 deaths between 1st April and 31st May 2022, with 90% of those deaths among the vaccinated.



[Source Data](#)

But now we can also reveal that **this is not** because the majority of people have been vaccinated, which in turn statistically results in more deaths. It is instead, as the ONS data shows, because the Covid-19 injections are increasing recipients' risk of death if infected with Covid-19.

The latest dataset from the ONS is titled '[Deaths by Vaccination Status, England, 1 January 2021 to 31 May 2022](#)', and it can be accessed on the ONS site [here](#), and downloaded [here](#).

All data relating to 'Age-standardised mortality rates for deaths by vaccination status, England: deaths occurring between 1 January 2021 and 31 May 2022: 6 July 2022'
Age-standardised mortality rates for deaths by vaccination status, England: deaths occurring between 1 January 2021 and 31 May 2022
Publication date: 6 July 2022
Contact e-mail: Health.Data@ons.gov.uk
Office for National Statistics
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[Source](#)

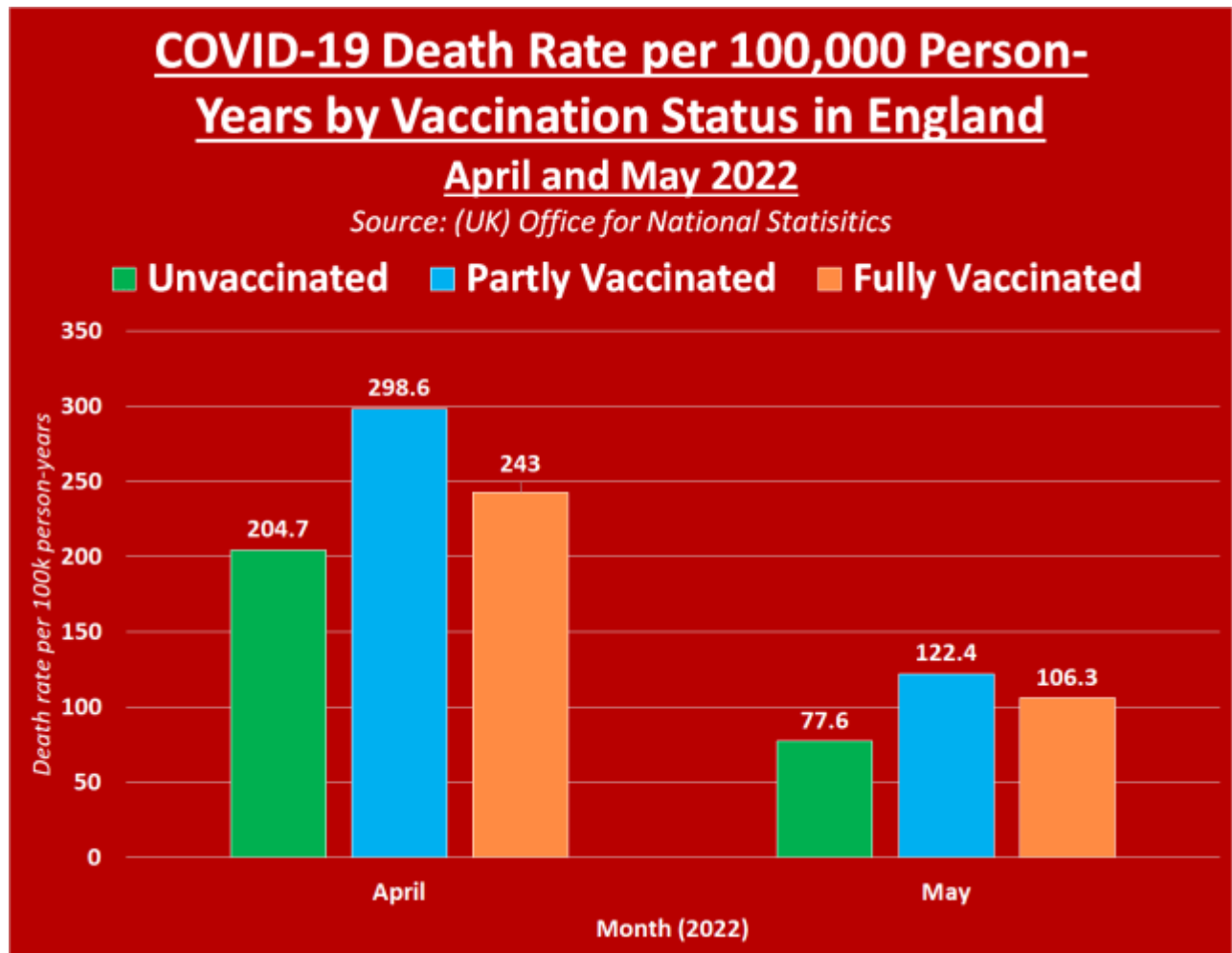
Table 1 of the latest dataset contains figures on the mortality rates by vaccination status for all-cause deaths, deaths involving Covid-19, and deaths not involving Covid-19. And it is here that we are able to ascertain the death rates per 100,000 by vaccination status of everyone who has died of Covid-19 since the beginning of April 2022, when the UKHSA claimed they could no longer reliably report the figures.

Here's a snapshot of how the ONS presents the figures in its report –

Cause of Death	Year Month	Vaccination status	Count of deaths	Person-years	Age-standardised mortality rate / 100,000 person-years
Deaths involving COVID-19	2022 April	Unvaccinated	206	437563	204.7
Deaths involving COVID-19	2022 April	First dose, less than 21 days ago	1	3205	x
Deaths involving COVID-19	2022 April	First dose, at least 21 days ago	45	112311	298.6
Deaths involving COVID-19	2022 April	Second dose, less than 21 days ago	0	11738	x
Deaths involving COVID-19	2022 April	Second dose, between 21 days and 6 months ago	13	165006	168.0
Deaths involving COVID-19	2022 April	Second dose, at least 6 months ago	246	310924	243.0

[Source](#) – Table 1

We've taken the figures provided by the ONS for both April and May 2022, and produced the following chart showing the Covid-19 death rate per 100,000 person-years by vaccination status for both April and May 2022 –



[Source Data](#)

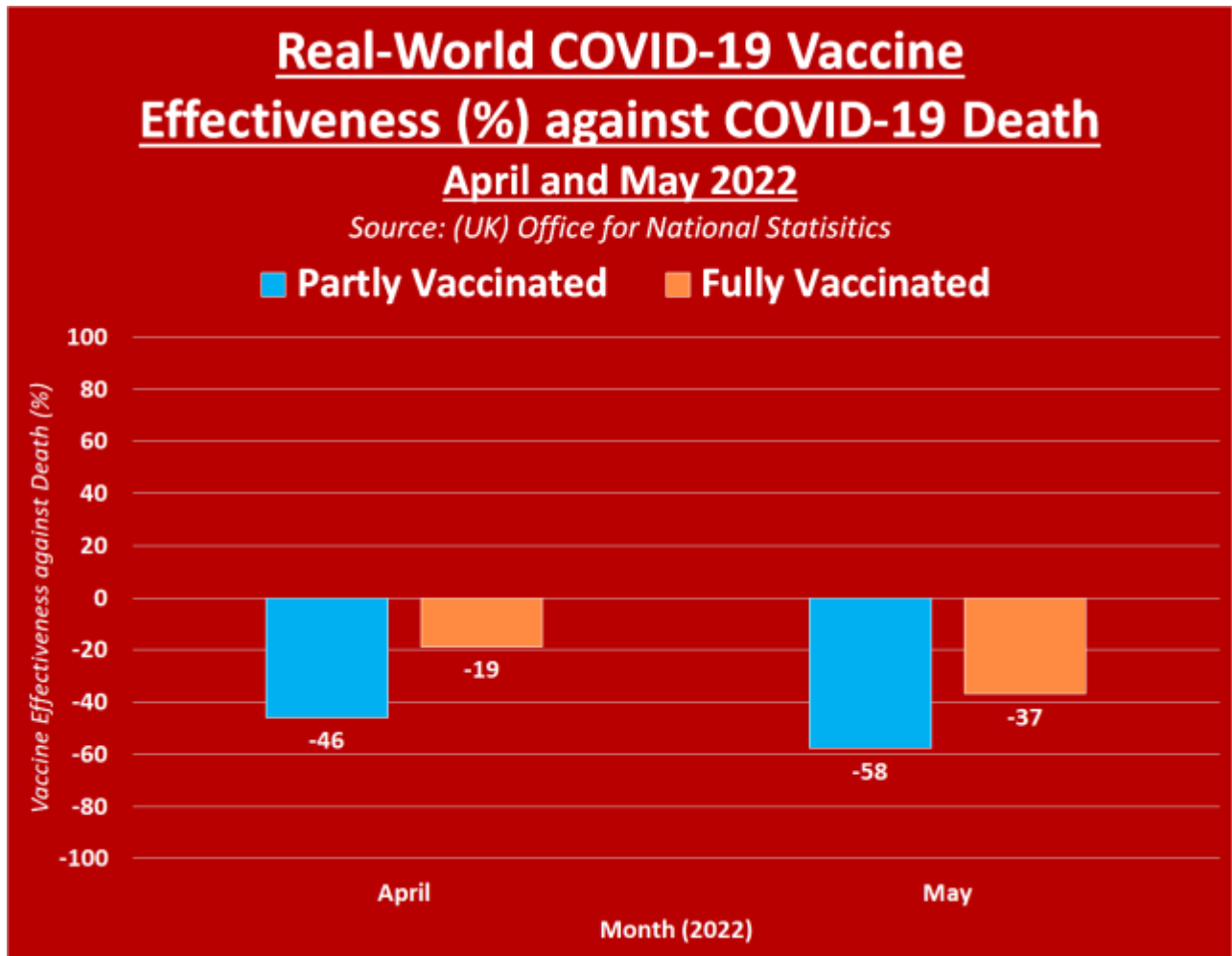
According to the ONS, the Covid-19 death rate equated to 204.7 per 100,000 person-years among the Unvaccinated in April, and 77.6 per 100,000 person-years in May.

However, the death rate was much higher among both the partly vaccinated and fully vaccinated population in England.

According to the ONS, the Covid-19 death rate equated to 298.6 per 100,000 person-years among the partly vaccinated in April, and 122.4 per 100,000 person-years in May.

Meanwhile, the Covid-19 death rate equated to 243 per 100,000 person-years among the fully vaccinated in April, and 106.3 per 100,000 person-years in May.

Based on Pfizer's vaccine efficacy formula, this data reveals that the Covid-19 injections are now proving to have negative effectiveness against death, with the real-world effectiveness for April and May being as follows –



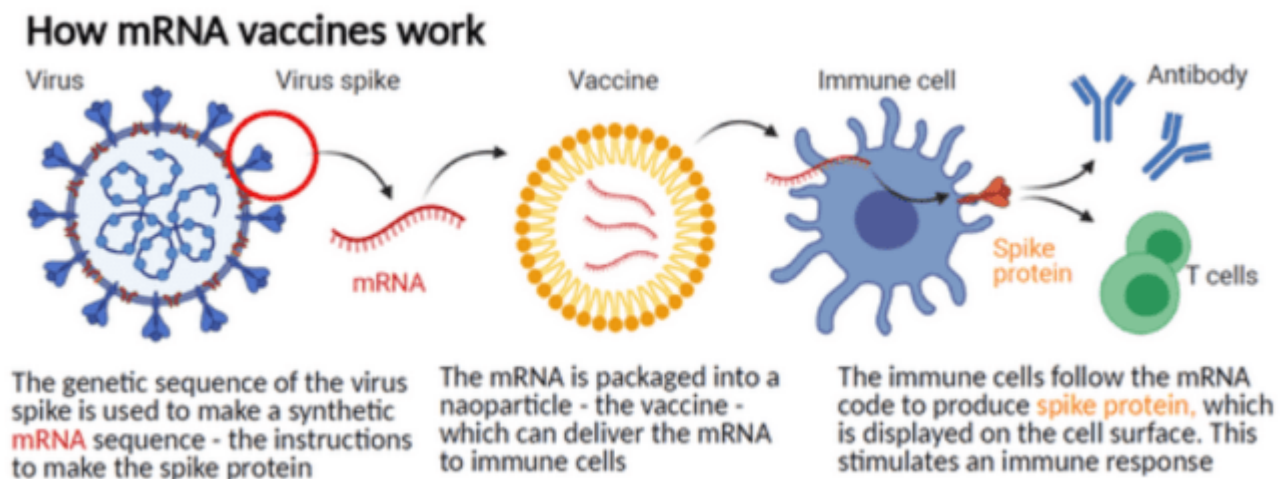
Formula:

Unvaccinated Death Rate – Vaccinated Death Rate
/
Unvaccinated Death Rate x 100 =
Vaccine Effectiveness against Death

This plain and simply means, that since at least April 2022, the vaccinated population in England have been more likely to die of Covid-19 than the unvaccinated population in England. The question is, why?

The answer lies in confidential Pfizer documents, that the U.S. Food and Drug Administration (FDA) has been forced to publish by court order.

The Pfizer Covid-19 injection uses a technology that prior to the end of December 2020, had never before been authorised for use in Humans. It is known as mRNA.



And there's a pretty good reason as to why it had never been authorised for use in Humans. During animal trials for SARS and MERS, it had the opposite of its intended effect and actually worsened disease by inducing antibody-dependent enhancement.

Eighteen months after the administration of the injections in the trials, all the animals had died.

Yet, despite this, the Pfizer jab was granted emergency-use authorisation all around the world and administered to millions.

But data forcibly published by the U.S. Food and Drug Administration (FDA) reveals all of this could have been avoided if only they'd actually bothered to read the documents submitted by Pfizer.

The 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 safety review on [December 11th, 2020](#).

But 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](#) on its website.

One of the documents contained in the data dump is '[reissue_5.3.6 postmarketing experience.pdf](#)'. Page 11 of the confidential document contains data on important potential risks, with one of these being Vaccine-Associated Enhanced Disease (V-AED).

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5.3.6 Cumulati

Table 5.

Topic
Important Potential Risk
Vaccine-Associated Enhanced Disease (VAED), including Vaccine-Associated Enhanced Respiratory Disease (VAERD)

[Source](#)

Vaccine-associated enhanced disease (V-AED) occurs when an individual who has received a vaccine, develops a more severe presentation of that disease when subsequently exposed to that virus, compared with when infection occurs without prior vaccination.

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).

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.

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5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

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>No post-authorized AE reports have been identified as cases of VAED/VAERD, therefore, there is no observed data at this time. An expected rate of VAED is difficult to establish so a meaningful observed/expected analysis cannot be conducted at this point based on available data. The feasibility of conducting such an analysis will be re-evaluated on an ongoing basis as data on the virus grows and the vaccine safety data continues to accrue.</p> <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 (≥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. 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](#)

Pfizer claim 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 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.

It can be difficult to distinguish between vaccine failure (also known as breakthrough disease) and V-AED. Identification of a case of VAED requires the recognition that a clinical presentation is different, atypical, modified or more severe in comparison to the natural disease presentation.

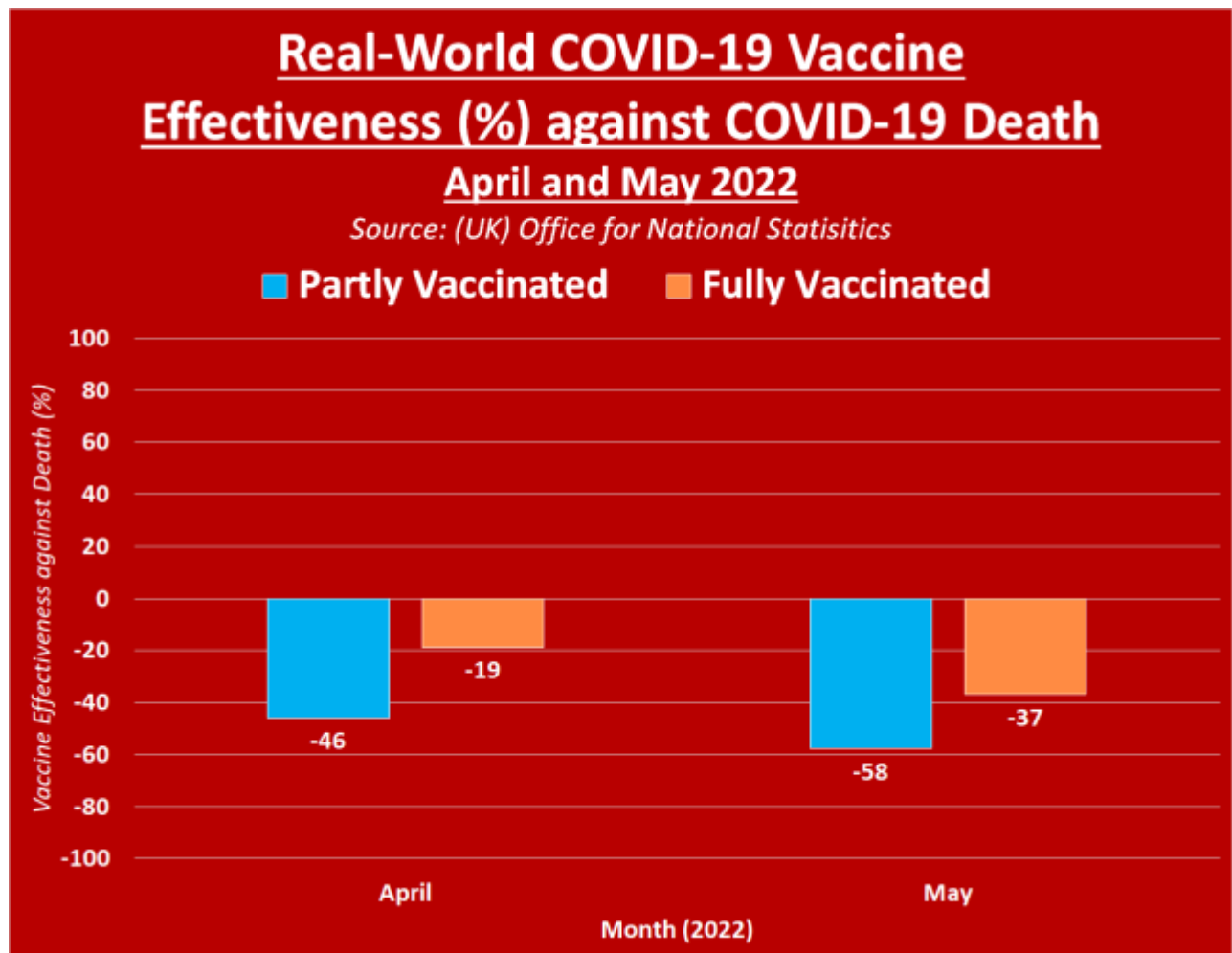
And Pfizer made sure to use that fact to their advantage, claiming not of the cases of potential V-AED identified could be definitely considered to be V-AED.

Therefore, 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, Pfizer concluded 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.

However, now that we have real-world data quietly published by the UK Government just hours before a media frenzy was sparked by the resignation of Boris Johnson as Prime Minister, showing a higher Covid-19 death rate per 100,000 among the fully vaccinated than the unvaccinated, we are now able to distinguish between vaccine failure and Vaccine-Associated Enhanced Disease.

If the vaccine was simply failing, we would see a similar death rate among both the unvaccinated and vaccinated. But as it happens, we're instead seeing a much higher death rate among the fully vaccinated, with figures revealing a real-world negative vaccine effectiveness against death of minus-37% for the fully vaccinated in May 2022.



So there you have it, whilst you've been distracted by Boris Johnson's resignation as Prime Minister of the United Kingdom, the UK Government quietly published a report just hours before his announcement containing data they previously claimed they didn't have, which confirmed the fully vaccinated are much more likely to die of Covid-19 than the unvaccinated.

With news like this being swept under the rug by the mainstream media, it makes you wonder what else they will attempt to hide in the coming weeks?

Category

1. Crime-Justice-Terrorism-Corruption
2. Disasters-Crisis-Depopulation-Genocide
3. Health-Wellness-Healing-Nutrition & Fitness
4. Main
5. NWO-Deep State-Dictatorship-Tyrrany

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