



Check our e-book out chapter by chapter!  
<https://igniteliberty.net/pineapples-on-mars-introduction/>

# COVID-19 Mythbusting



Fairview Baptist Church  
November 30th 6:30 pm  
Dr. Amy B. Cerato  
Dr. Eric M. Snyder

# Disclosure

- We are here today as independent researchers
- We are not medical doctors, virologists, nurses, or primary care physicians
- We are thankful for individual efforts of Oklahomans over the past 24 months
- We encourage everyone to do their due diligence and check our research.
- We are not perfect.

The background of the slide is dark gray with several realistic water droplets of various sizes scattered across it, primarily along the top and bottom edges. The droplets have highlights and shadows, giving them a three-dimensional appearance.

# Discussion Topics

- Stratified COVID-19 risk and Infection Fatality Rates (IFR)
- Death Coding and Polymerase Chain Reaction (PCR)
- Masking the Science and Disastrous Public Health Policies
- Therapeutic Interventions and Censorship
- The Strength of Natural Immunity
- The Vaccine, Safety and Failure to Protect

# Stratified COVID-19 risk and Infection Fatality Rates (IFR)





# WORLD DEATH RATES

Year	World Population	Deaths	Death %
2020	7,794,798,739	59,230,795	0.76%
2019	7,713,468,100	58,394,378	0.76%
2018	7,631,091,040	57,625,149	0.76%
2017	7,547,858,925	56,935,173	0.75%
2016	7,464,022,049	56,331,837	0.75%
2015	7,379,797,139	55,822,989	0.76%

\*2021 Trend based on [current world population](#) and deaths this year would result in the death percentage decreasing to 55.58 million or 0.70%

\*\* This does not account for winter months approaching which could result in an increased death rate.

## 2020 VS 2021

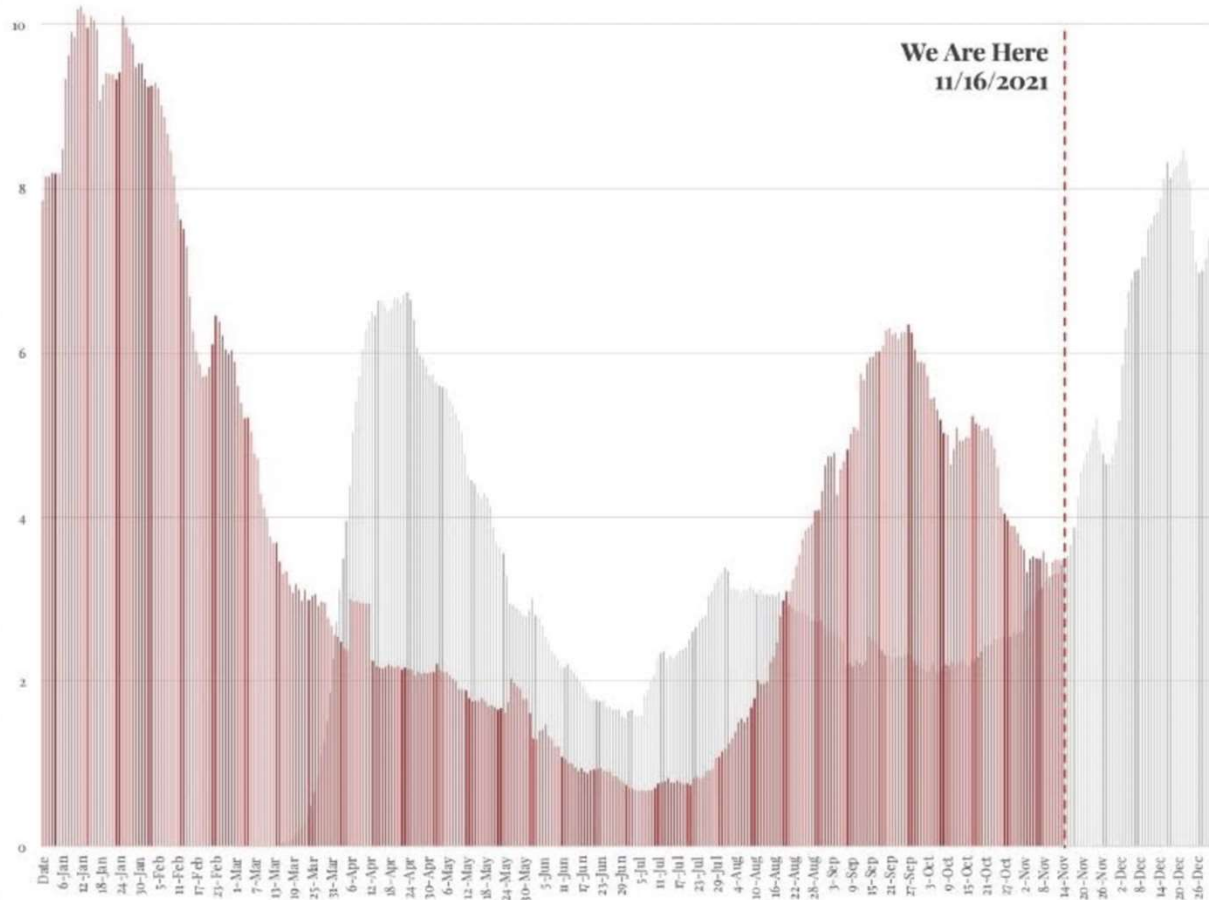


### USA Daily New Confirmed COVID-19 Deaths per Million People

7-day Rolling Average

Data Source: OurWorldInData.org

■ 2020 ■ 2021



# Age Stratification of Risk

**Age Group (years)	Deaths <b>WITH</b> Covid	Cases Reported	Case Fatality Rate %	Infection Survivability Rate (%)					
0-17	947	6,074,538	0.02	99.98					
18-29	4,752	8,474,650	0.06	99.94					
30-39	10,978	6,511,549	0.17	99.83					
40-49	25,152	5,681,636	0.44	99.56					
50-64	112,160	7,523,437	1.49	98.51					
65-74	143,759	2,809,959	5.12	94.88					
75-84	172,155	1,421,359	12.11	87.89					
85+	186,636	760,463	24.54	75.46					

\*\*Age groups are different between CDC tables regarding deaths, comorbidities and cases. Why?

Data collected from January 4, 2020 - November 27, 2021 (23 months)

Source Deaths: <https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-Focus-on-Ages-0-18-Yea/nr4s-juj3>

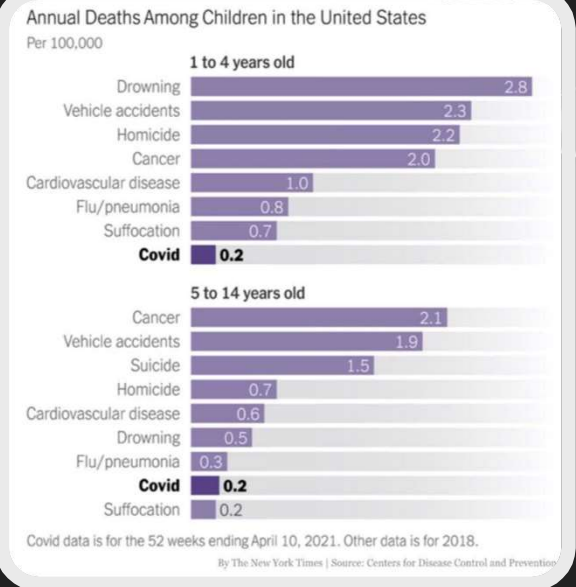
Source CoMorbidities: [https://www.cdc.gov/Nchs/Nvss/Vsrr/Covid\\_weekly/Index.Htm#Comorbidities](https://www.cdc.gov/Nchs/Nvss/Vsrr/Covid_weekly/Index.Htm#Comorbidities)

Source Cases: <https://covid.cdc.gov/covid-data-tracker/#demographics>

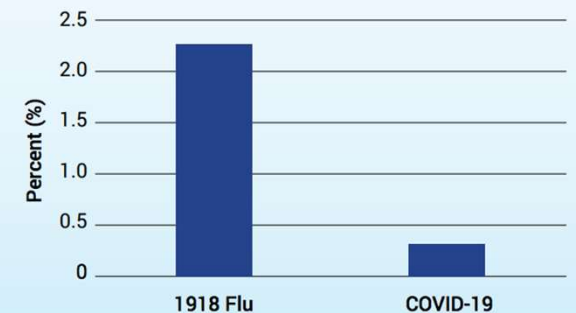
# Fatality Infection Rate of Children

- According to the [CDC Published](#) planning scenarios, the best estimated number of deaths (fatality infection rate) for children (Ages 0-17) would be 20 out of 1,000,000. This would calculate to a 99.9998% Infection Survivability Rate.
- [Physicians with Informed Consent](#) ran IFR (1918 Flu vs Covid-19).
- In total 587 children were listed in [the database](#) between the ages of 0-18 (January 4th, 2020 through October 8th, 2021) as dying “with” C19. Of the 587 listed deaths between ages 0-18, roughly 95% (557 Children) had [other comorbidities listed](#) on their death certificates. In other words, we cannot assume that Covid-19 was the "cause" of death more so than any of the other comorbidities.
- If we take 5% of the 587- the result is 29 children dying “of” Covid-19. This is tragic, It is however important to provide perspective on what everyday living is really like as we interact with each other.
  - According to NEJM [2018 data](#) on child Deaths, 4074 died in motor vehicle accidents, 3143 fire-arms related (e.g., suicide), 1,853 cancer, 1430 suffocation, 995 drowning, 982 drug overdose and poisoning,
  - In [2019 government data](#) 1840 children died from abuse/neglect.

$$\text{Infection-Fatality Rate} = \frac{\# \text{ COVID-19 Deaths}}{\# \text{ SARS-CoV-2 Infections}}$$



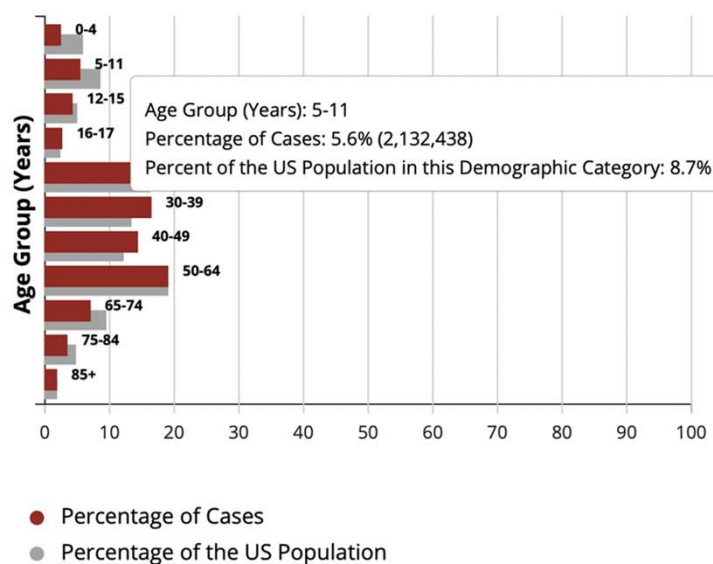
## Infection-Fatality Rate of 1918 Flu and COVID-19<sup>8,12,13</sup>



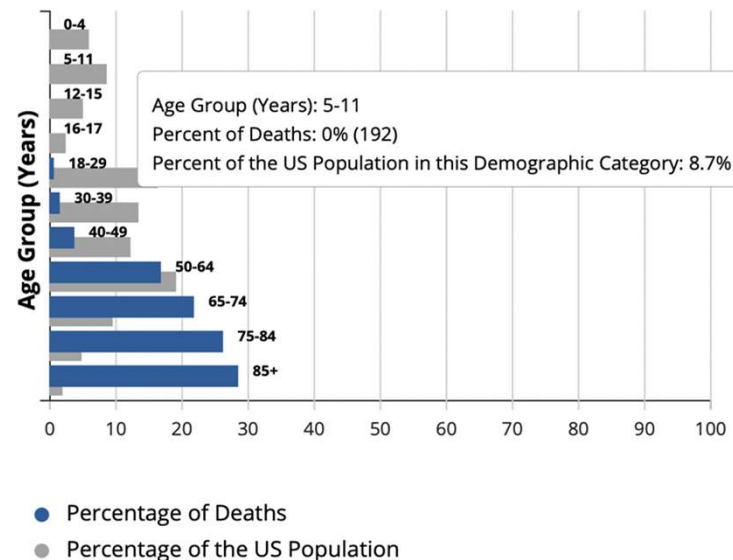
**Figure 2:** The infection-fatality rate (IFR) of the 1918 flu (2.25%) was about six times greater than the IFR of COVID-19 (0.35%). The IFR is the chance of dying if infected.

# Children 5-11 Cases & Deaths (November 15th, 2021)

Data from 38,605,115 cases. Age group was available for 38,211,982 (98%) cases.



Data from 638,889 deaths. Age group was available for 638,813 (99%) deaths.



- November 15th, 2021: 192 children ages 5-11 have died from “Covid-19 related illness” since the start of the pandemic.
- With 2,132,438 cases and 192 deaths the 5-11 year old IFR = .000090%

# Death Coding and Polymerase Chain Reaction (PCR)

**You comply because  
you want it to end**

**But it never ends  
because you comply**



# COVID Coding, Inflation, and Upcharges

- How do we determine a COVID-19 [death](#)?
  - COVID-19 deaths are identified using an ICD-10 code. — The death is coded as U07.1. (see image)
  - “In cases where a definite diagnosis of COVID-19 cannot be made, but it is suspected or likely (e.g., the circumstances are compelling within a reasonable degree of certainty), it is acceptable to report COVID-19 on a [death certificate](#) as “probable” or “presumed.” In these instances, certifiers should use their best clinical judgement in determining if a COVID-19 infection was likely.”
- Confirmed Laboratory test are not “normally” included with death certificates in the U.S. but for those with inconclusive or no testing available, the WHO requires U07.2 [coding](#)
- California recently underwent a soft audit. Santa Clara and Alameda counties removed death certificates from death by car accidents, death by gunshot, accident, etc. They [reduced their death reporting by 25%](#). (6/6/2021)
- [20% upcharge](#) for COVID-19 label through center for Medicare and Medicaid services which is the population most impacted

The screenshot shows the CDC Data Catalog interface. The main title is "Provisional COVID-19 Deaths: Focus on Ages 0-18 Years". Below the title, it says "Deaths involving coronavirus disease 2019 (COVID-19) with a focus on ages 0-18 years in the United States." The page includes a "View Data" button and a "Mute Dataset" button. The "About this Dataset" section provides details about the data, including the update date (September 29, 2021), the number of views (838K) and downloads (14.2K), and the data provider (National Center for Health Statistics). The "Common Core" section lists contact information and metadata. The "Footnotes" section explains that the data is reported for deaths that occurred in the time period specified, and that data during this period are incomplete because of the lag in time between when the death occurred and when the death certificate is completed, submitted to NCHS and processed for reporting purposes. The "Data Quality" section lists the update frequency (Weekly) and geographic coverage (United States).



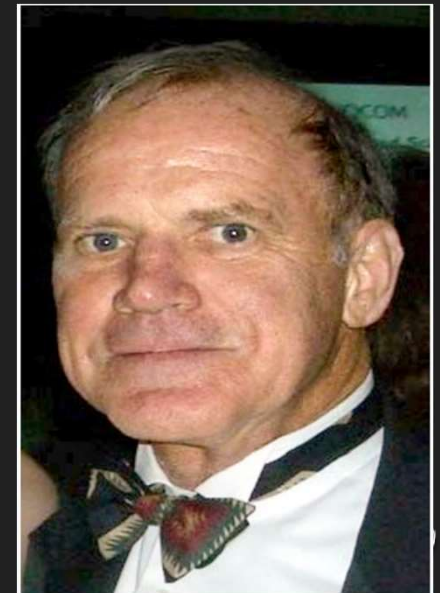
Infection-Fatality Rate

=

$$\frac{\text{\# COVID-19 Deaths}}{\text{\# SARS-CoV-2 Infections}}$$

# PCR TESTING

- Dr. Kary Mullis -Polymerase Chain Reaction
  - Noble Prize In Chemistry In 1993
  - The Test
    - Can Detect Small Genetic Sequences/Fragments Of Sars-Cov-2
    - “It Is Important To Note That Detecting Viral Material By PCR Does Not Indicate That The Virus Is Fully Intact And Infectious, (I.E. Able To Cause Infection In individuals or other People).
    - The Isolation Of Infectious Virus From Positive Individuals Requires Virus Culture Methods. These Methods Can Only Be Conducted In Laboratories With Specialist Containment Facilities And Are Time Consuming And Complex.
- **January 22, 2007** –
  - Gina Kolata Wrote In [New York Times](#): “Faith In Quick Test Leads To Epidemic That Wasn’t.” The Article Articulates How PCR Tests Can Be Disastrous.





# PCR TESTING

• JULY 17<sup>TH</sup>, 2021



- Dr. Fauci admits that “if you get a cycle threshold of 35 or more, the chances of it being replication-competent are minuscule,” Fauci said at roughly the [four-minute mark of this video](#). ‘replication competent’ means particles capable of infecting cells and replicating to produce additional infectious particles.

I got word back on your question below and wanted to pass it along:

We are using the cutoff (Ct) of 37 for all COVID tests as that is what is defined in the EUA. We are using the Infinity BiologiX TaqPath SARS-CoV-2 Assay EUA, from Rutgers University (attached). Ct values are on page 3.

We are verifying the EUA currently and will perform a full validation before the EUA expires. When the EUA is expired, the tests will be run as laboratory developed tests (LDTs), and those require full validation.

Thanks,

Laboratory Director  
Oklahoma Public Health Laboratory

Hope that helps!

10/20/21 Email Communication

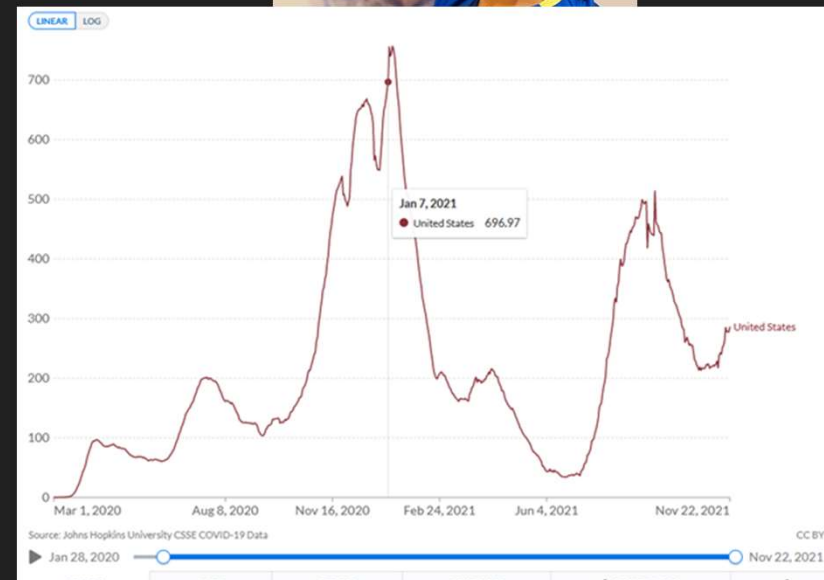
PCR positive is bullshit' – Ronaldo outraged at third positive test



# PCR TESTING



- **February 4, 2020** : The U.S. Food and Drug Administration (FDA) gave [Emergency Use Authorization \(EUA\)](#) for the RT-PCR test on February 4, 2020. Evidence in letter. An Emergency use authorization means that we have not medically approved the use through the [FDA](#).
- **January 7<sup>th</sup>, 2021**: SARS-CoV-2/Covid-19 Virus Pcr Ct Cutoff Values. On January 7<sup>th</sup>, Many states nationwide adjusted their threshold cycles from above 40 into the 30's. Case rates dropped and were correlated with the release of vaccination.
  - [Quest Diagnostics](#) – A testing company was running PCR tests at 40 Ct.
  - [Labcorp At 38](#). – A test company granted EUA to run PCR tests at 38 Ct.
- [Proof](#) of adjustment to threshold cycles in Kansas – Until January 7<sup>th</sup> the state was ppinning the threshold cycles at 42 and reduced to 35.



John Hopkins University CSSE Covid-19 Data showing the change in PCR cycle threshold date and subsequent case rate history.

# PCR TESTING

- **JULY 21, 2021**

- CDC releases lab changes for testing. They will withdraw FDA, EUA to allow labs to select and implement alternatives.
- See highlighted text
- The PCR Ct value matters.

## 07/21/2021: Lab Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing



Audience: Individuals Performing COVID-19 Testing

Level: Laboratory Alert

After December 31, 2021, CDC will withdraw the request to the U.S. Food and Drug Administration (FDA) for Emergency Use Authorization (EUA) of the CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel, the assay first introduced in February 2020 for detection of SARS-CoV-2 only. CDC is providing this advance notice for clinical laboratories to have adequate time to select and implement one of the many FDA-authorized alternatives.

[Visit the FDA website](#) for a list of authorized COVID-19 diagnostic methods. For a summary of the performance of FDA-authorized molecular methods with an FDA reference panel, [visit this page](#).

In preparation for this change, CDC recommends clinical laboratories and testing sites that have been using the CDC 2019-nCoV RT-PCR assay select and begin their transition to another FDA-authorized COVID-19 test. CDC encourages laboratories to consider adoption of a multiplexed method that can facilitate detection and differentiation of SARS-CoV-2 and influenza viruses. Such assays can facilitate continued testing for both influenza and SARS-CoV-2 and can save both time and resources as we head into influenza season. Laboratories and testing sites should validate and verify their selected assay within their facility before beginning clinical testing.

# Masking the Science and Disastrous Public Health Policies





# MASKS

- A May 2020 meta-study on pandemic influenza published by the **US CDC** found that face masks had no effect, neither as personal protective equipment nor as a source control. ([14 RCT's](#))
- An analysis from Brown University, found that "In all analyses, rates are similar for staff in districts with mask mandates for both students and staff versus those with staff-only mandates. Further, we do not see a correlation between mask mandates and Covid-19 rates among students in either adjusted or unadjusted analysis -([12 million participants](#))"
- As *New York* magazine noted, many European nations have exempted students from mask mandates.
  - **“These countries, along with the World Health Organization, whose child-masking guidance differs substantially from the CDC’s recommendations, have explicitly recognized that the decision to mask students carries with it potential academic and social harms for children and may lack a clear benefit.”**
- We have research on 48+ peer reviewed studies on mask use for review and included in the notes



## 6. Should children and teachers wear masks in schools?

Within the community, the use of face masks is recommended, particularly in indoor settings when it is not possible to maintain physical distancing. However, in school settings, implementing this measure is challenging, as children (<12 years) may have a lower tolerance to wearing masks for extended periods of time, and may fail to wear them properly.

In primary schools, the use of face masks is recommended for teachers and other adults when physical distancing cannot be guaranteed, but it is not recommended for students. In secondary schools, the use of face masks is recommended for both students and adults (masks for children >12 years) living in areas with community transmission of SARS-CoV-2. The use of masks should be seen as a complementary measure, rather than a stand-alone measure to prevent transmission within schools.

Visors are not recommended as a substitute for face masks as there is no evidence they are effective. However, they may be considered in settings people cannot communicate when wearing a face mask, such as when working with children who have hearing impairment.

Physical distancing, respiratory etiquette, hand hygiene, and staying at home when ill are all still important measures for reducing transmission in schools, irrespective of whether masks are being used.

[European Center for Disease Prevention and Control, September 8th, 2021](#)

# THE ILLUSION OF CONTROL

## North Dakota vs South Dakota

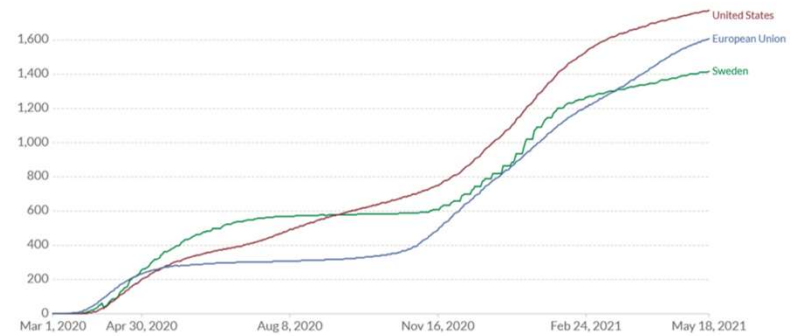
COVID-19 Cases Per Million



## Cumulative confirmed COVID-19 deaths per million people

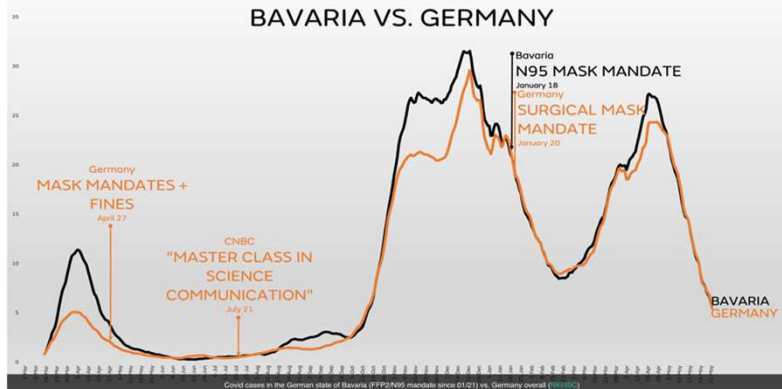
Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

Our World in Data



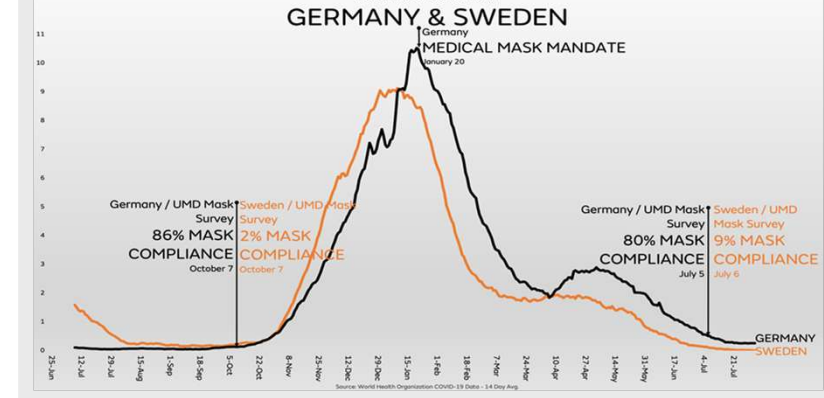
## BAVARIA VS. GERMANY

DAILY NEW CASES PER 100K



## GERMANY & SWEDEN

DAILY NEW DEATHS PER 1M



09/15/21 • COVID • VIEWS

## Pandemic Triggered 'Avalanche' of Kids and Teens With Mental Health Problems — But They Have Nowhere to Go

Medical experts across the country say the mental health of children deteriorated during the pandemic — with a large number of children taking up beds in emergency rooms due to a shortage of placements, providers and resources to combat the crisis.

By Megan Redshaw



09/22/21 • COVID • VIEWS

## Obesity in U.S. Children Increased at Unprecedented Rate During Pandemic

According to the Centers for Disease Control and Prevention, among a cohort of 432,302 people between the ages of 2 and 19 years old, children 6 to 11 showed the greatest increases in body mass index during the pandemic.

By Owen Dyer



THE LANCET

COMMENT | ONLINE FIRST

## Depression and anxiety disorders during the COVID-19 pandemic: knowns and unknowns

Maxime Taquet • Emily A Holmes • Paul J Harrison

Published: October 08, 2021 • DOI: [https://doi.org/10.1016/S0140-6736\(21\)02221-2](https://doi.org/10.1016/S0140-6736(21)02221-2) • Check for updates

Wellness

## CDC: ER visits for suspected suicide attempts among teenage girls rose during pandemic



By Allison Chiu

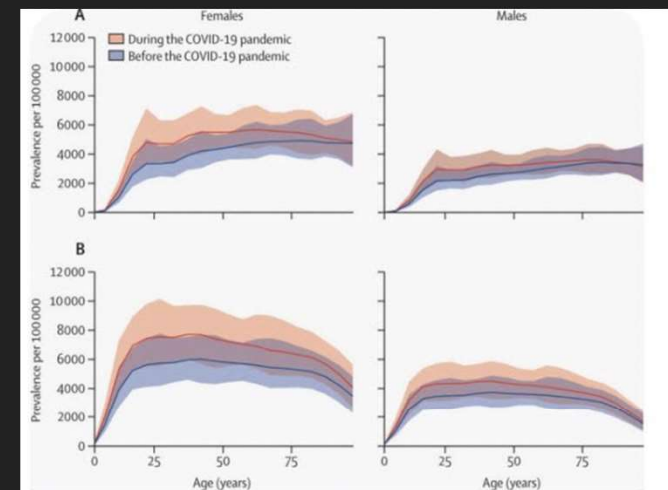
June 15, 2021 at 12:42 p.m. EDT



Johnson & Johnson

World's  
Largest  
Healthcare  
Company

See all we're doing



Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 202...

[thelancet.com](https://www.thelancet.com)



# How to mitigate a pandemic - thoughts from 2006

BIOSECURITY AND BIOTERRORISM: BIODEFENSE STRATEGY, PRACTICE, AND SCIENCE  
Volume 4, Number 4, 2006  
© Mary Ann Liebert, Inc.

## Disease Mitigation Measures in the Control of Pandemic Influenza

THOMAS V. INGLESBY, JENNIFER B. NUZZO, TARA O'TOOLE, and D. A. HENDERSON

The threat of an influenza pandemic has alarmed countries around the globe and given rise to an intense interest in disease mitigation measures. This article reviews what is known about the effectiveness and practical feasibility of a range of actions that might be taken in attempts to lessen the number of cases and deaths resulting from an influenza pandemic. The article also discusses potential adverse second- and third-order effects of mitigation actions that decision makers must take into account. Finally, the article summarizes the authors' judgments of the likely effectiveness and likely adverse consequences of the range of disease mitigation measures and suggests priorities and practical actions to be taken.

### Travel Restrictions

Travel restrictions, such as closing airports and screening travelers at borders, have historically been ineffective. The World Health Organization Writing Group concluded that "screening and quarantining entering travelers at international borders did not substantially delay virus introduction in past pandemics . . . and will likely be even less effective in the modern era."<sup>2</sup>

Similar conclusions were reached by public health authorities involved in the international efforts to control



Joe Biden @JoeBiden  
United States government official



Trump further diminished the U.S. in the eyes of the world by expanding his travel ban. This new "African Ban," is designed to make it harder for black and brown people to immigrate to the United States. It's a disgrace, and we cannot let him succeed.



Statement from Vice Presic  
Yesterday, Donald Trump fi  
of the world by expanding  
[medium.com](#)

9:16 PM · Feb 1, 2020

12.7K 4.7K

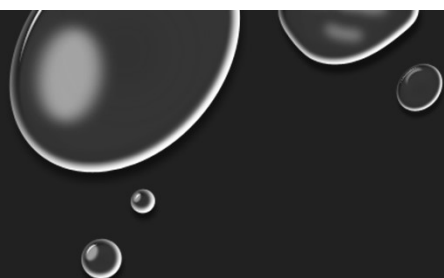
BRIEFING ROOM

## Statement by President Joe Biden on the Omicron COVID-19 Variant

NOVEMBER 26, 2021 • STATEMENTS AND RELEASES

This morning I was briefed by my chief medical advisor, Dr. Tony Fauci, and the members of our COVID response team, about the Omicron variant, which is spreading through Southern Africa. As a precautionary measure until we have more information, I am ordering additional air travel restrictions from South Africa and seven other countries. These new restrictions will take effect on November 29. As we move forward, we will continue to be guided by what the science and my medical team advises.





# Therapeutic Interventions and Censorship

**THE INFORMATION  
THEY CENSOR IS EXACTLY  
WHAT YOU NEED  
TO KNOW.**



# AMERICA OUT LOUD

LIBERTY AND JUSTICE FOR ALL

Home Our Team Shows Schedule Who We Are Contact Newsle

October 8, 2021

## News Highlights

### The 2021 Hitch-Hiker's Guide to Fake News

by Blaise Vanne



### No Jab, No Job – New York Unvaccinated Teachers Are Bullied

by Susan Price



Podcast

## Vaccinated or Not, Acute COVID-19 in High-Risk Patients Demands Early Treatment

by Dr. Peter McCullough | Aug 17, 2021 | Healthcare, Politics,

When COVID-19 deaths occur in the hospital the most common finding is blood clots in the lungs and elsewhere in the body due to inadequate anticoagulation. Hopefully with these tips, for those who have COVID-19 or will get it soon, whether vaccinated or not, will be useful in keeping the syndrome to a mild 4-day cold and a deliverance to natural immunity...



updated 2/1/2021

## A Guide to Home-Based COVID Treatment

Step-By-Step Doctors' Plan That Could Save Your Life

Editors: Jane M. Orient, M.D. & Elizabeth Lee Vliet, M.D.



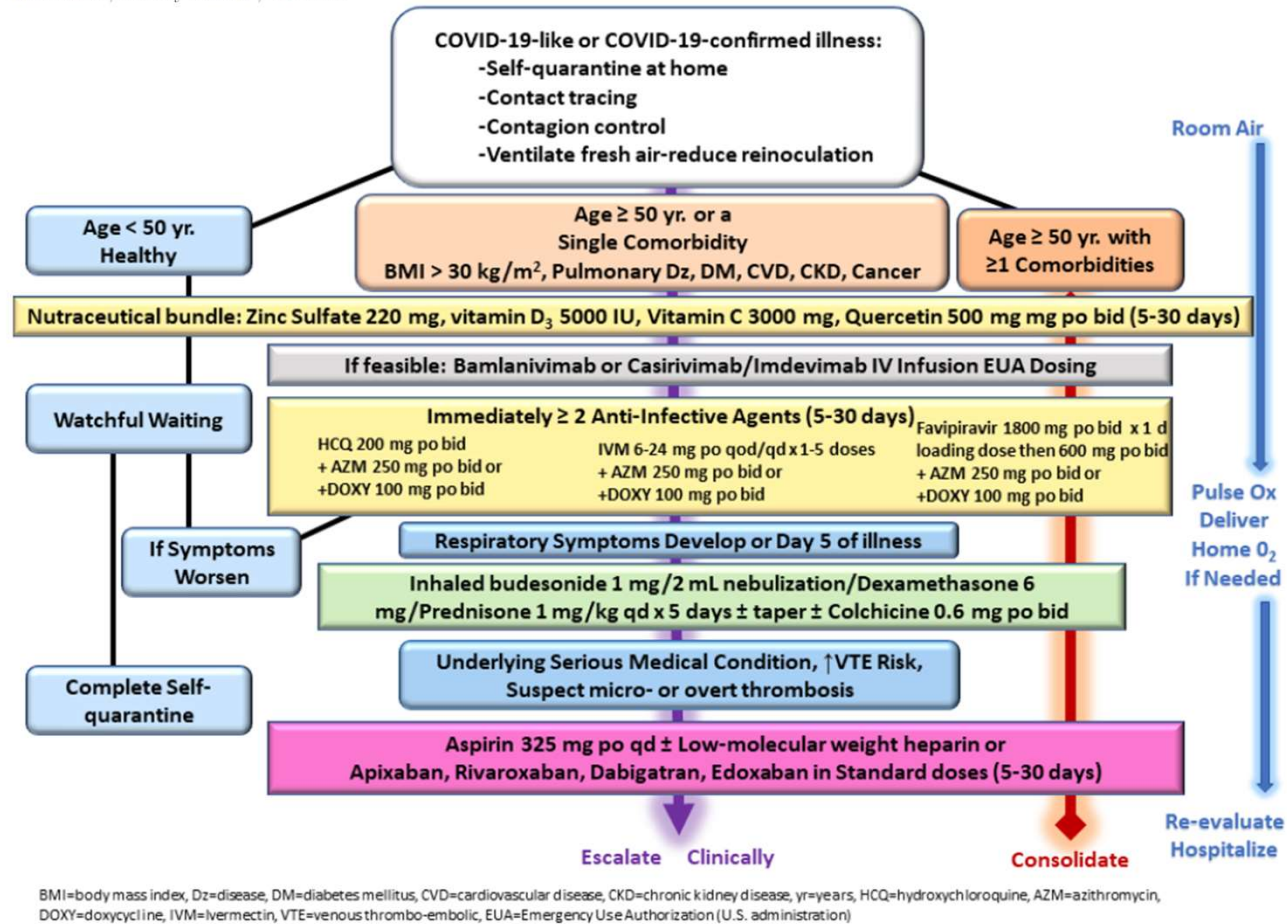
An educational resource from The Association of American Physicians and Surgeons (AAPSonline.org) 1

<https://www.americaoutloud.com/>

# Early Ambulatory Multidrug Therapy Reduces Hospitalization and Death in High-Risk Patients with SARS-CoV-2 (COVID-19)

Brian Procter<sup>1</sup>, Casey Ross<sup>1</sup>, Vanessa Pickard<sup>1</sup>, Erica Smith<sup>1</sup>, Cortney Hanson<sup>1</sup>, and Peter A. McCullough<sup>2</sup>

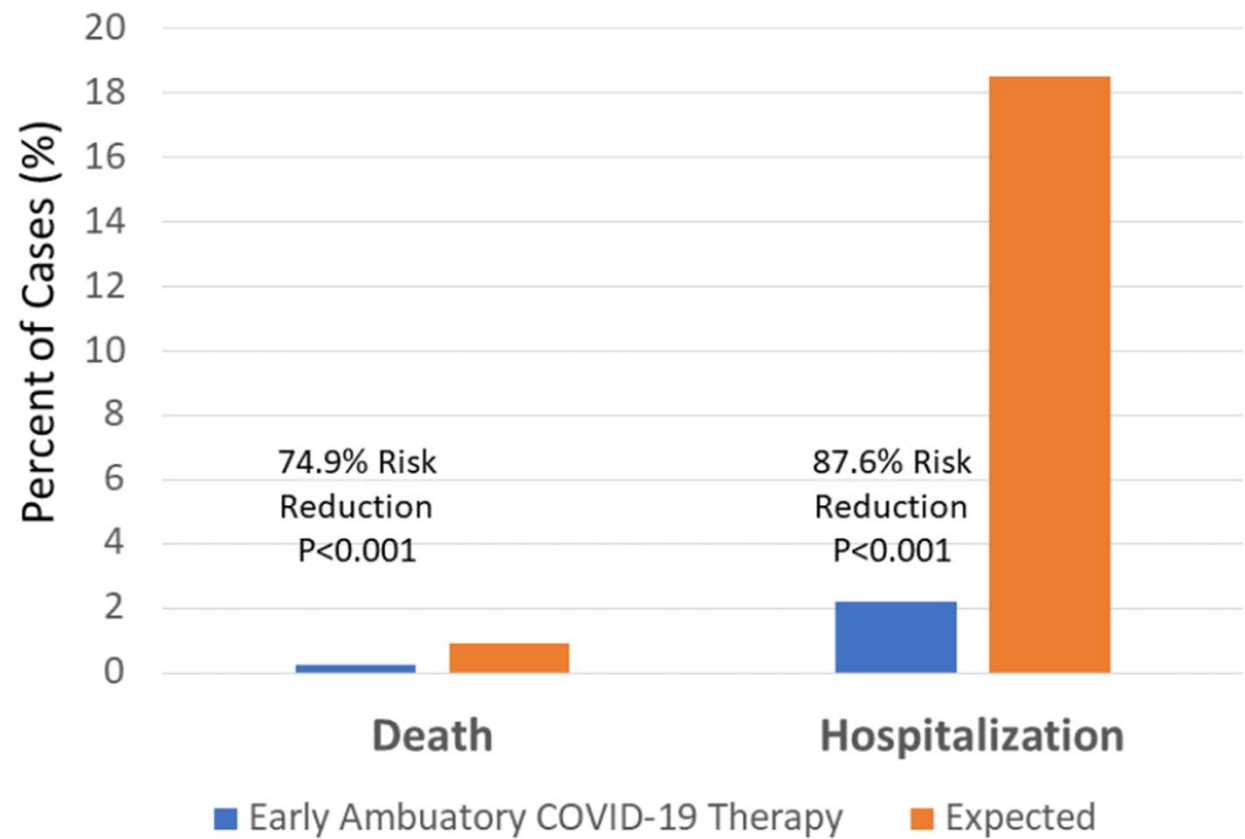
[Full Text](#)



Early Ambulatory Multidrug Therapy Reduces Hospitalization and Death in High-Risk Patients with SARS-CoV-2 (COVID-19)

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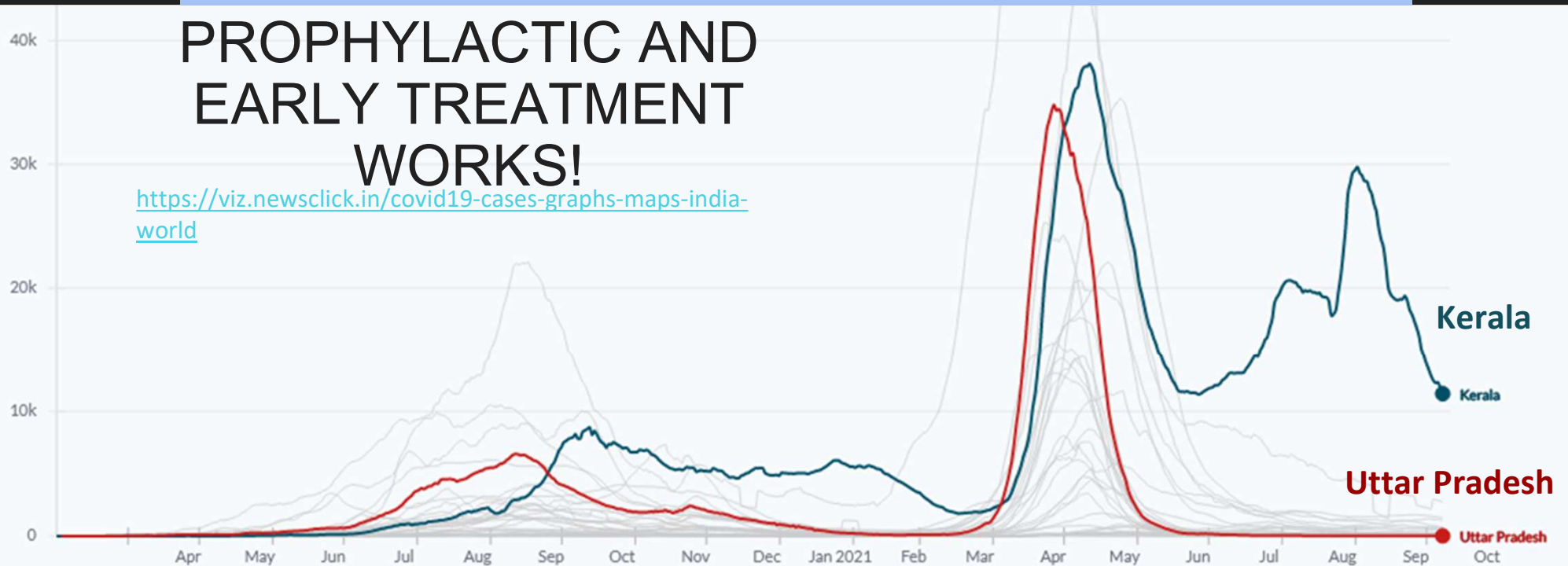
[Full Text](#)



- **Uttar Pradesh** (241 million people and 25% vaccinated) – Low COVID deaths and infections because of preventative and early treatment with Ivermectin and Hydroxychloroquine
- **Kerala** (34 million People and 70% above 45 y.o. Vaccinated) – Increasing Caseload due to NOT implementing Ivermectin early and then removing completely from protocol

## PROPHYLACTIC AND EARLY TREATMENT WORKS!

<https://viz.newsclick.in/covid19-cases-graphs-maps-india-world>



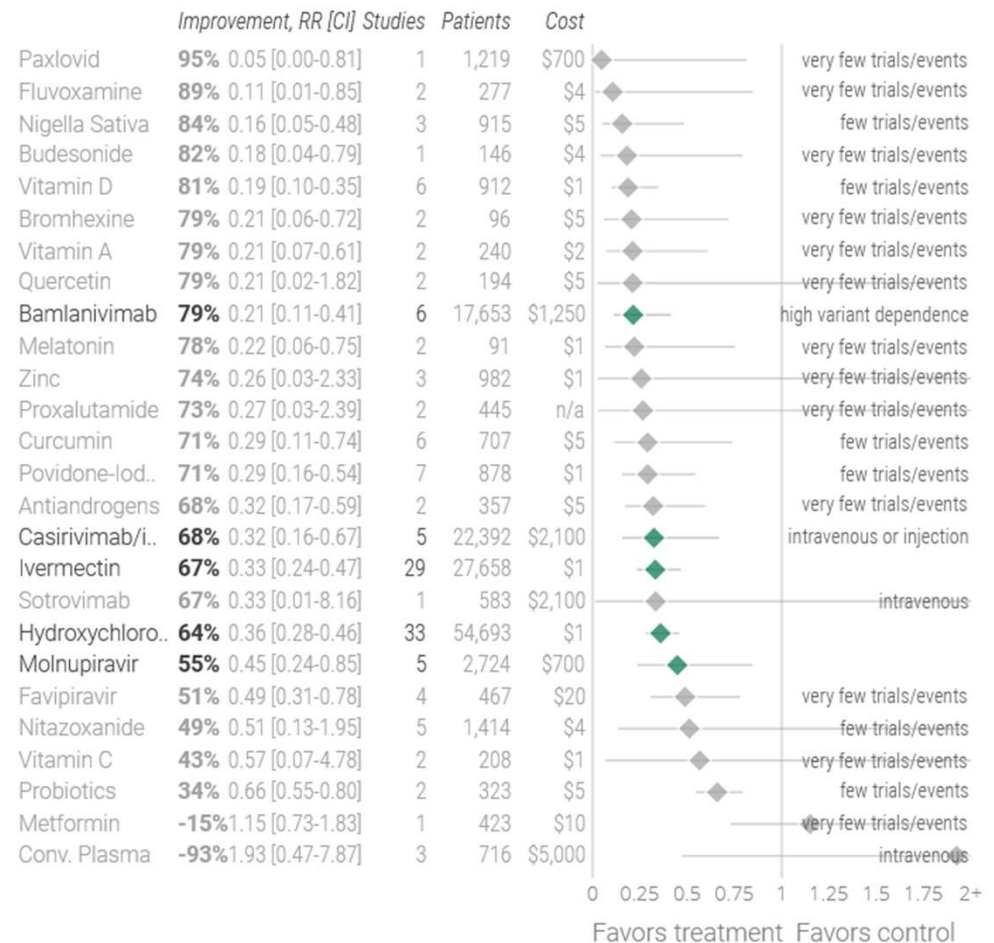


# GREAT THERAPEUTIC WEBSITE

<https://c19early.com/#fpearly>

## Early treatment studies (pooled effects)

c19early.com Nov 29, 2021



## HUGE: Uttar Pradesh, India Announces State Is COVID-19 Free Proving the Effectiveness of "Deworming Drug" IVERMECTIN

By Ian Hirt  
Published September 15, 2021 at 7:00am  
3142 Comments

**No, Ivermectin does not treat or prevent Covid-19.**

Ivermectin is typically used to treat parasitic worms in animals and people, and should not be used to treat or prevent Covid-19, according to the FDA.

Aug 21, 2021

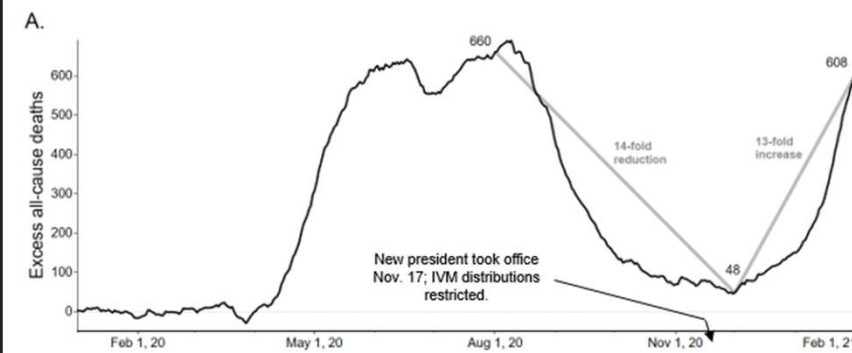
The New York Times  
Aug 10 - 48

**Ivermectin WORKS against COVID and should be available to all!**

## WHY THE CENSORSHIP!!!

- Big Tech and alphabet companies labeling effective antivirals "misinformation"
  - FDA revokes EUA for HCQ on June 15, 2020
  - FDA recommended against Ivermectin on March 5, 2021
  - Doctors refusing to prescribe Ivermectin and HCQ
  - Pharmacists refusing to fill prescriptions for ivermectin and HCQ or if they do, expensive
- ### Peruvian Case Study

Juan J. Chamie-Quintero,<sup>a</sup> Jennifer A. Hibberd,<sup>b</sup> David E Scheim<sup>c</sup>



**Ivermectin won the 2015 NOBEL PRIZE in Medicine**



Monoclonal Antibodies

# HCQ FOR COVID-19

**298 TRIALS, 4,772 SCIENTISTS, 413,756 PATIENTS**

**64% IMPROVEMENT IN 33 EARLY TREATMENT TRIALS RR 0.36 [0.28-0.46]**

**75% IMPROVEMENT IN 13 EARLY TREATMENT MORTALITY RESULTS RR 0.25 [0.16-0.40]**

**46% IMPROVEMENT IN 8 EARLY TREATMENT RCT RESULTS RR 0.54 [0.35-0.84]**

**19% IMPROVEMENT IN 201 LATE TREATMENT TRIALS RR 0.81 [0.76-0.86]**

**21% IMPROVEMENT IN 46 RANDOMIZED CONTROLLED TRIALS RR 0.79 [0.67-0.94]**

SUMMARY OF RESULTS REPORTED IN HCQ STUDIES FOR COVID-19. 11/29/21. HCQMETA.COM

# VITAMIN D FOR COVID-19

**142 STUDIES BY 1,273 SCIENTISTS**

**89 SUFFICIENCY STUDIES WITH 41,861 PATIENTS**

**53 TREATMENT TRIALS WITH 66,762 PATIENTS**

**45% IMPROVEMENT IN 53 TREATMENT TRIALS RR 0.55 [0.47-0.63]**

**56% IMPROVEMENT IN 89 SUFFICIENCY STUDIES RR 0.44 [0.38-0.50]**

**50% IMPROVEMENT IN 31 TREATMENT MORTALITY RESULTS RR 0.50 [0.38-0.66]**

SUFFICIENCY STUDIES ANALYZE OUTCOMES BASED ON SERUM LEVELS. 11/29/21. VDMETA.COM





**Evidence base.** The evidence supporting ivermectin for COVID-19 far exceeds the typical amount of evidence used for the approval of treatments. [Lee] shows that only 14% of the guidelines of the Infectious Diseases Society of America were based on RCTs. Table 3 and Table 4 compare the amount of evidence for ivermectin compared to that used for other COVID-19 approvals, and that used by WHO for the approval of ivermectin for scabies and strongyloidiasis. Table 5 compares US CDC recommendations for ibuprofen and ivermectin.

Indication	Studies	Patients	Status
Strongyloidiasis [Kory (C)]	5	591	Approved
Scabies [Kory (C)]	10	852	Approved
COVID-19	67	49,492	Pending
COVID-19 RCTs	31	6,858	

**Table 3.** WHO ivermectin approval status.

Medication	Studies	Patients	Improvement	Status
Molnupiravir (UK)	1	775	50%	Approved
Budesonide (UK)	1	1,779	17%	Approved
Remdesivir (USA EUA)	1	1,063	31%	Approved
Casiri/imdevimab (USA EUA)	1	799	66%	Approved
Ivermectin evidence	67	49,492	67% [58-73%]	Pending

**Table 4.** Evidence base used for other COVID-19 approvals compared with the ivermectin evidence base.

	Ibuprofen	Ivermectin (for scabies)	Ivermectin (for COVID-19)
Lives saved	0	0	>500,000
Deaths per year	~450	<1	<1
CDC recommended	Yes	Yes	No
Based on	0 RCTs	10 RCTs 852 patients	31 RCTs 6,858 patients

**Table 5.** Comparison of CDC recommendations [Kory (C)].

# NIH Website Table 2e

**Table 2e. Characteristics of Antiviral Agents That Are Approved or Under Evaluation for the Treatment of COVID-19**

Last Updated: July 8, 2021

Dosing Regimens <i>The doses listed here are for approved indications or from reported experiences or clinical trials.</i>	Adverse Events	Monitoring Parameters	Drug-Drug Interaction Potential	Comments and Links to Clinical Trials
<b>Remdesivir</b>				
<p>The doses and indications listed below come from the FDA product information. Please see <a href="#">Therapeutic Management of Hospitalized Adults With COVID-19</a> for the Panel's recommendations on when to use RDV.</p> <p><b>For Hospitalized Adults and Children (Aged ≥12 Years and Weighing ≥40 kg)</b></p>	<ul style="list-style-type: none"> <li>Nausea</li> <li>ALT and AST elevations</li> <li>Hypersensitivity</li> <li>Increases in prothrombin time</li> <li>Drug vehicle is SBECD, which has been</li> </ul>	<ul style="list-style-type: none"> <li>Infusion reactions</li> <li>Renal function and hepatic function should be monitored before and during treatment as clinically indicated.</li> <li>In the FDA product information, RDV is not</li> </ul>	<ul style="list-style-type: none"> <li>Clinical drug-drug interaction studies of RDV have not been conducted.</li> <li>In vitro, RDV is a substrate of CYP3A4, OATP1B1, and P-gp and an inhibitor of CYP3A4, OATP1B1, OATP1B3, and MATE1.<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>RDV should be administered in a hospital or a health care setting that can provide a similar level of care to an inpatient hospital.</li> <li>RDV is approved by the FDA for the</li> </ul>
<b>Ivermectin</b>				
<p><b>Adults:</b></p> <ul style="list-style-type: none"> <li>The dose most commonly used in clinical trials is IVM 0.2–0.6 mg/kg PO given as a single dose or as a once-daily dose for up to 5 days.</li> </ul>	<ul style="list-style-type: none"> <li>Generally well tolerated</li> <li>Dizziness</li> <li>Pruritis</li> <li>GI effects (e.g., nausea, diarrhea)</li> <li>Neurological AEs have been reported when IVM has been used to treat parasitic diseases, but it is not clear whether these AEs were caused by IVM or the underlying conditions.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor for potential AEs.</li> </ul>	<ul style="list-style-type: none"> <li>Minor CYP3A4 substrate</li> <li>P-gp substrate</li> </ul>	<ul style="list-style-type: none"> <li>Generally given on an empty stomach with water; however, administering IVM with food increases its bioavailability.<sup>2</sup></li> <li>A list of clinical trials is available here: <a href="#">Ivermectin</a></li> </ul>
<b>Nitazoxanide</b>				
<p><b>Adults:</b></p> <ul style="list-style-type: none"> <li>Doses reported in COVID-19 studies range from</li> </ul>	<ul style="list-style-type: none"> <li>Generally well tolerated</li> <li>Abdominal pain</li> </ul>	<ul style="list-style-type: none"> <li>Monitor for potential AEs.</li> </ul>	<ul style="list-style-type: none"> <li>Drug-drug interactions may occur if NTZ is administered concurrently with other</li> </ul>	<ul style="list-style-type: none"> <li>NTZ should be taken with food.</li> <li>The oral suspension is not</li> </ul>



## Important: Joint Statement from ABFM, ABIM & ABP on Dissemination of Misinformation

Dear Dr. McCullough,

The Federation of State Medical Boards (FSMB), which supports its member state medical licensing boards, has recently [issued a statement](#) saying that providing misinformation about the COVID-19 vaccine contradicts physicians' ethical and professional responsibilities, and therefore may subject a physician to disciplinary actions, including [suspension or revocation of their medical license](#). We at the American Board of Family Medicine (ABFM), the American Board of Internal Medicine (ABIM), and the American Board of Pediatrics (ABP) support FSMB's position. We also want all physicians certified by our boards to know that such unethical or unprofessional conduct may prompt their respective board to take action that could put their certification at risk.

Expertise matters, and board certified physicians have demonstrated that they have stayed current in their field. Spreading misinformation or falsehoods to the public during a time of a public health emergency goes against everything our boards and our community of board certified physicians stand for. The evidence that we have [safe, effective and widely available vaccines against COVID-19 is overwhelming](#). We are particularly concerned about physicians who use their authority to denigrate vaccination at a time when vaccines continue to demonstrate [excellent effectiveness against severe illness, hospitalization and death](#).

## Joint Statement from the American Board of Family Medicine, American Board of Internal Medicine, and American Board of Pediatrics on Dissemination of Misinformation by Board Certified Physicians about COVID-19

The Federation of State Medical Boards (FSMB), which supports its member state medical licensing boards, has recently issued a statement saying that providing misinformation about the COVID-19 vaccine contradicts physicians' ethical and professional responsibilities, and therefore may subject a physician to disciplinary actions, including suspension or revocation of their medical license. We at the American Board of Family Medicine (ABFM), the American Board of Internal Medicine (ABIM), and the American Board of Pediatrics (ABP) support FSMB's position. We also want all physicians certified by our Boards to know that such unethical or unprofessional conduct may prompt their respective Board to take action that could put their certification at risk.

Expertise matters, and board-certified physicians have demonstrated that they have stayed current in their field. Spreading misinformation or falsehoods to the public during a time of a public health emergency goes against everything our Boards and our community of board-certified physicians stand for. [The evidence that we have safe, effective and widely available vaccines against COVID-19 is overwhelming](#). We are particularly concerned about physicians who use their authority to denigrate vaccination at a time when vaccines continue to demonstrate [excellent effectiveness against severe illness, hospitalization and death](#).

We all look to board-certified physicians to provide outstanding care and guidance; providing misinformation about a lethal disease is unethical, unprofessional and dangerous. In times of medical emergency, the community of expert physicians committed to science and evidence collectively shares a responsibility for giving the public the most accurate and timely health information available, so they can make decisions that work best for themselves and their families.

Warren Newton, MD, MPH  
President and CEO  
American Board of Family Medicine

Richard J. Baron, MD  
President and CEO  
American Board of Internal Medicine


David G. Nichols, MD, MBA  
President and CEO  
American Board of Pediatrics

<https://www.fsmb.org/advocacy/news-releases/fsmb-spreading-covid-19-vaccine-misinformation-may-put-medical-license-at-risk/>

# The Strength of Natural Immunity






World Health Organization


Home / Newsroom / Q&A Detail /  
Coronavirus disease (COVID-19): Serology

Coronavirus disease (COVID-19):  
Serology

9 June 2020 | Q&A

What is herd immunity?

Herd immunity is the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection. This means that even people who haven't been infected, or in whom an infection hasn't triggered an immune response, they are protected because people around them who are immune can act as buffers between them and an infected person. The threshold for establishing herd immunity for COVID-19 is not yet clear.


World Health Organization

Home / Newsroom / Q&A Detail /  
Coronavirus disease (COVID-19): Serology, antibodies and immunity

Coronavirus disease (COVID-19):  
Serology, antibodies and immunity

13 November 2020 | Q&A

What is herd immunity?

'Herd immunity', also known as 'population immunity', is a concept used for vaccination, in which a population can be protected from a certain virus if a threshold of vaccination is reached.

Herd immunity is achieved by protecting people from a virus, not by exposing them to it. Read the Director-General's 12 October media briefing speech for more detail.

# HERD IMMUNITY

- Historically (and scientifically)  
**Herd immunity = Previously infected + Vaccinated**
- Why was the definition of herd immunity changed to leave out natural immunity?





New York, USA

writingblock@protonmail.com Twitter:  
@writingblock

Cite this as: *BMJ* 2021;374:n2101

<http://dx.doi.org/10.1136/bmj.n2101>

Published: 13 September 2021

## Vaccinating people who have had covid-19: why doesn't natural immunity count in the US?

The US CDC estimates that SARS-CoV-2 has infected more than 100 million Americans, and evidence is mounting that natural immunity is at least as protective as vaccination. Yet public health leadership says everyone needs the vaccine. **Jennifer Block** investigates

Jennifer Block *freelance journalist*

When the vaccine rollout began in mid-December 2020, more than one quarter of Americans—91 million—had been infected with SARS-CoV-2, according to a US Centers for Disease Control and

Prevention (CDC) estimate.<sup>1</sup> As of this May, that proportion had risen to more than a third of the population, including 44% of adults aged 18-59 (table 1).

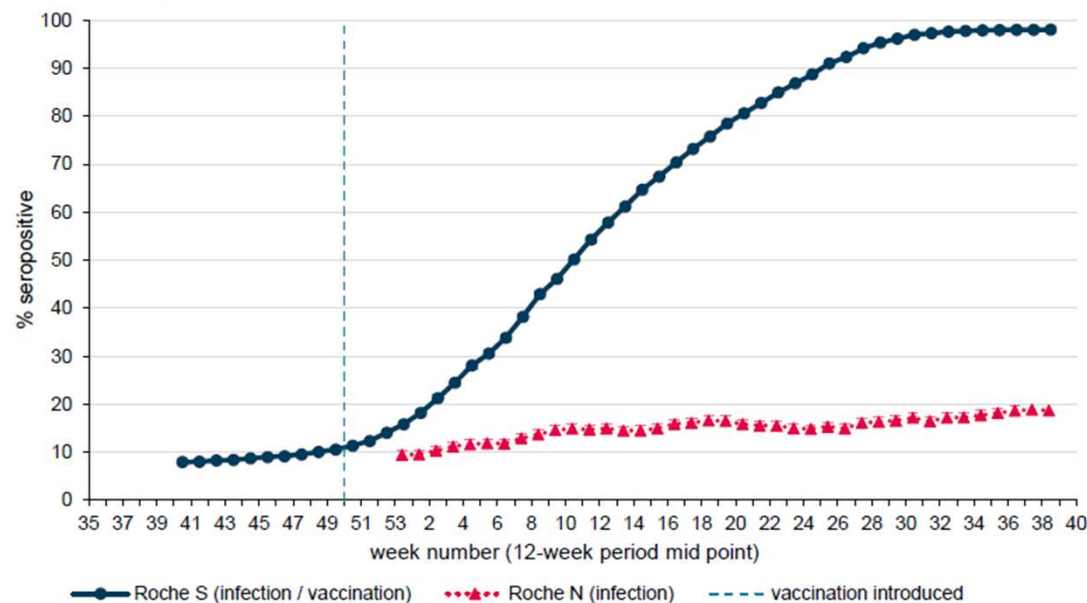
Table 1 | Estimated total infections in the United States between February 2020 and May 2021\*

Age group (years)	No of infections (millions) (95% uncertainty interval)	Population in 2019 (millions)	% previously infected (95% uncertainty interval)
0-17	26.8 (22 to 33.1)	73	37 (30 to 45)
18-49	60.5 (50.4 to 73.2)	138	44% (36 to 53)
50-64	20.4 (17.0 to 24.6)	63	32% (27 to 39)
65+	12.3 (9.9 to 15.5)	54	23% (18 to 29)
All ages	120.3 (103.3 to 140.9)	328	37% (31 to 43)

\* Sources: CDC (estimated infections) and US Census (2019 estimated population).

Seropositivity estimates for S antibody in blood donors are likely to be higher than would be expected in the general population and this probably reflects the fact that donors are more likely to be vaccinated. Seropositivity estimates for N antibody will underestimate the proportion of the population previously infected due to (i) blood donors are potentially less likely to be exposed to natural infection than age matched individuals in the general population (ii) waning of the N antibody response over time and (iii) recent observations from UK Health Security Agency (UKHSA) surveillance data that N antibody levels appear to be lower in individuals who acquire infection following 2 doses of vaccination.

**Figure 3: Overall 12-weekly rolling SARS-CoV-2 antibody seroprevalence (% seropositive) in blood donors.**





# NATURAL IMMUNITY IS REAL!

- Probable reinfection rates range from 0.000075-1%;
- Of those confirmed with re-infection through seroprevalence testing (extremely small number), symptoms much milder because amount of virus in nose and throat much less
- Natural immunity affords longer lasting and stronger protection against infection, symptomatic disease and hospitalization

BROWNSTONE » ARTICLES » 135 RESEARCH STUDIES AFFIRM NATURALLY ACQUIRED IMMUNITY TO COVID-19: DOCUMENTED, LINKED, AND QUOTED



## 135 Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted

BY PAUL ELIAS ALEXANDER OCTOBER 17, 2021 PUBLIC HEALTH 55 MINUTE READ

SHARE | PRINT | EMAIL



# WHY VACCINATE A PERSON ALREADY IMMUNE TO VIRUS?

- Those with prior infection are associated with 4.4 times increased odds of clinically significant side effects following a mRNA vaccination. - [JAMA](#)
- Adverse effects are more frequently reported in younger individuals, women, and among those who previously had COVID-19. - [Lancet](#)
- Vaccination was most strongly associated with an elevated risk of myocarditis and “the risk of this serious adverse event and of many other serious adverse events was substantially increased after a previous SARS-CoV-2 infection.” - [NEJM](#)
- “In individuals with a pre-existing immunity against SARS-CoV-2, the second vaccine dose not only fail to boost humoral immunity but determines a contraction of the spike-specific T cell response.”
- “The second vaccination dose appears to exert a detrimental effect in the overall magnitude of the spike-specific humoral response in COVID-19 recovered individuals.” - [Cell Reports](#)



# FOIA Request to CDC on Database of a Convalescent Immune Person's Reinfection and Transmission Rate

"You would assume that if the CDC was going to crush the civil and individual rights of those with natural immunity by having them expelled from school, fired from their jobs, separated from the military, and worse, the CDC would have proof of at least one instance of an unvaccinated, naturally immune individual transmitting the COVID-19 virus to another individual. If you thought this, you would be wrong." ~Aaron Siri, lawyer

Does Oklahoma record convalescent immune reinfections, hospitalizations or deaths?



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control  
and Prevention (CDC)  
Atlanta GA 30333

November 05, 2021

## SENT VIA EMAIL

Elizabeth Brehm  
Attorney  
Siri & Glimstad  
200 Park Avenue, 17<sup>th</sup> Floor  
New York, New York 10166  
foia@sirillp.com

### 2<sup>nd</sup> Letter Subject: Final Response Letter

Dear Ms. Brehm:

The Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) received your September 02, 2021, Freedom of Information Act (FOIA) request on September 02, 2021, seeking:

"Documents reflecting any documented case of an individual who: (1) never received a COVID-19 vaccine; (2) was infected with COVID-19 once, recovered, and then later became infected again; and (3) transmitted SARS-CoV-2 to another person when reinfected."

A search of our records failed to reveal any documents pertaining to your request. The CDC Emergency Operations Center (EOC) conveyed that this information is not collected.

You may contact our FOIA Public Liaison at 770-488-6277 for any further assistance and to discuss any aspect of your request. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, e-mail at [ogis@nara.gov](mailto:ogis@nara.gov); telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

If you are not satisfied with the response to this request, you may administratively appeal by writing to the Deputy Agency Chief FOIA Officer, Office of the Assistant Secretary for Public Affairs, U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, Suite 729H, Washington, D.C. 20201. You may also transmit your appeal via email to [FOIARequest@psc.hhs.gov](mailto:FOIARequest@psc.hhs.gov). Please mark both your appeal letter and envelope "FOIA Appeal." Your appeal must be postmarked or electronically transmitted by February 03, 2022.

Sincerely,

Roger Andoh  
CDC/ATSDR FOIA Officer  
Office of the Chief Operating Officer  
770-488-6277

## Antibody Testing Is Not Currently Recommended to Assess Immunity After COVID-19 Vaccination: FDA Safety Communication

Share Tweet LinkedIn Email Print

Date Issued: May 19, 2021

The U.S. Food and Drug Administration (FDA) is reminding the public and health care providers that results from currently authorized SARS-CoV-2 antibody tests should not be used to evaluate a person's level of immunity or protection from COVID-19 at any time, and especially after the person received a COVID-19 vaccination.

While a positive antibody test result can be used to help identify people who may have had a prior SARS-CoV-2 infection, more research is needed in people who have received a COVID-19 vaccination. Currently authorized SARS-CoV-2 antibody tests have not been evaluated to assess the level of protection provided by an immune response to COVID-19 vaccination. If antibody test results are interpreted incorrectly, there is a potential risk that people may be incorrectly told they are protected from COVID-19, which could result in them not getting vaccinated or taking other precautions to prevent infection.

The FDA is reminding health care providers and the public that antibody tests are not currently recommended to assess immunity after COVID-19 vaccination.

Content current as of:  
05/19/2021

Regulated Product(s)  
Medical Devices



### Individuals/ Patients

Test to Determine If You've Had COVID-19 (Blood/Antibody Test)

C-19 Home

Individuals

Providers & Payers

Workplaces

News & Education

### Find Out If You've Had COVID-19 Through an Antibody Test

Labcorp Offers Two Convenient Ways to Get Tested



Go Through Labcorp.com to Request a Test



Go to Your Doctor and Ask How You Can Get an Antibody Test

# TESTING TO ASSESS IMMUNITY

LEARN MORE | HOW IT WORKS | ABOUT T-DETECT | FAQ | ORDER NOW

T-Detect COVID received the Health Innovation of the Year award by Geekwire and was honored as a finalist in Fast Company's 2021 World Changing Ideas award in the Pandemic Response category.

## T cells know if you had COVID-19.

In studies, T cell testing outperformed antibody tests.<sup>1,2</sup>

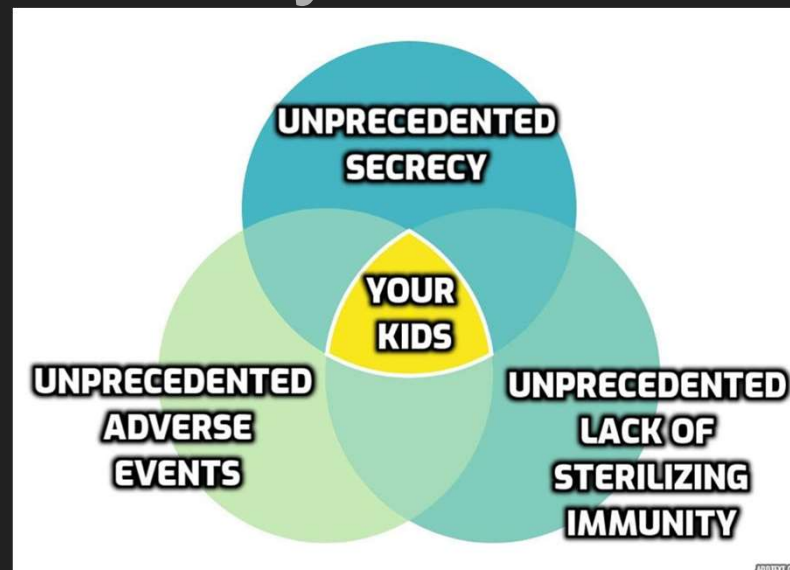
Be the first to know about T-Detect news, offers and updates.

[SIGN UP](#)

CONTACT US

<https://www.labcorp.com/coronavirus-disease-covid-19/individuals/antibody-test>

# The Vaccine, Safety and Failure to Protect



**FDA Asks Court for 55 Years to Fully Release Pfizer COVID-19 Vaccine Data**

Too many emails? [Manage email preferences here.](#)



FDA Asks Court for 55 Years to Fully Release Pfizer COVID-19 Vaccine Data

# VACCINES

- 1. Injection must give you antibody immunity to a virus or bacterium.
- 2. That antibody must give you protection from that virus or bacterium
- 3. The injection must show that it reduces hospitalizations, deaths or severe symptoms of that virus or bacterium
- 4. That injection must show that it stops a person from carrying that virus or bacterium
- 5. That injection must show that it stops the transmission from one person to the next of that virus or bacterium.





# EVOLVING DEFINITION OF VACCINES

- The original definition (pre-2015) stated that a vaccination was an *“injection of a killed or weakened infectious organism in order to **PREVENT** the disease.”*([Archived July 10, 2012](#)).
- They altered it in 2015 to *“the act of introducing a vaccine into the body to **PRODUCE IMMUNITY** to the disease.”*([Archived February 14, 2015](#)) ([Archived August 26, 2021](#))
- Then in September 2021, they altered the definition again to say *“the act of introducing a vaccine into the body to **PRODUCE PROTECTION** from a specific disease.”* ([Archived September 2, 2021](#))
  - Instead of requiring medicine to meet the definition of “vaccine,” it appears the CDC has changed the definition of “vaccine” to accommodate what the injection actually does (maybe).





Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People™

## COVID-19

### When You've Been Fully Vaccinated

How to Protect Yourself and Others

Updated Sept. 16, 2021 Languages Print

CDC now recommends that people aged 65 years and older, residents aged 18 years and older in care settings, and people aged 50–64 years with [underlying medical conditions](#) should receive a shot of Pfizer-BioNTech's COVID-19 Vaccine at least 6 months after completing their Pfizer-BioNTech series. Other groups **may** receive a booster shot based on their individual risk and benefit. [Learn more](#)

[COVID-19 vaccines](#) are effective at protecting you from getting sick. Based on [what we know](#) about vaccines, people who have been fully vaccinated can do things that they had stopped doing because of the pandemic.

These recommendations can help you make decisions about daily activities after you are fully vaccinated. They are *not* intended for [healthcare settings](#).

Learn more about [booster shots](#).

In general, people are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

If you don't meet these requirements, regardless of your age, you are NOT fully vaccinated. Keep taking all [precautions](#) until you are fully vaccinated.



COVID-19  
County Checker

Find community transmission  
by county.

Select a Location

State

NEW BOOSTER UPDATE

CDC now recommends that  
everyone ages 18 and older  
get a COVID-19 booster shot.

NEWS

### Fauci says 'fully vaccinated' doesn't have to include booster shots

By Jackie Salo

November 21, 2021 | 11:26am | Updated



New York Post

@nypost

Fauci says COVID-19 booster might  
become new standard for being  
vaccinated [trib.al/JMA6E1T](#)



10:23 PM · 11/17/21 · SocialFlow



New York Post

@nypost

CDC now says all adults should get COVID booster  
shots amid Omicron fears [trib.al/m2CfIWx](#)



4:31 PM · Nov 29, 2021 · SocialFlow

# Covid-19: Researcher blows the whistle on data integrity issues in Pfizer’s vaccine trial

BMJ 2021 ; 375 doi: <https://doi.org/10.1136/bmj.n2635> (Published 02 November 2021)

Cite this as: BMJ 2021;375:n2635

Read our latest coverage of the coronavirus pandemic

- Article
- Related content
- Metrics
- Responses

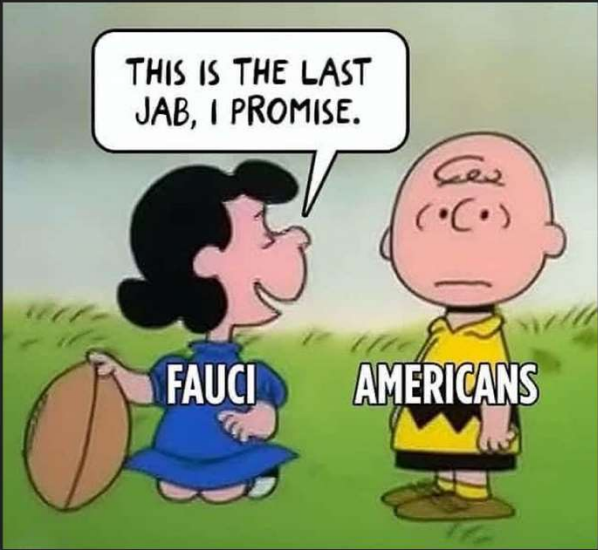
Paul D Thacker, investigative journalist

Author affiliations ▼

Revelations of poor practices at a contract research company helping to carry out Pfizer’s pivotal covid-19 vaccine trial raise questions about data integrity and regulatory oversight.

**Paul D Thacker** reports

In autumn 2020 Pfizer’s chairman and chief executive, Albert Bourla, released an open letter to the billions of





# ADVERSE EFFECTS KNOWN FROM TRIALS (OCTOBER 22, 2020)

Director, Office of Biostatistics & Epidemiology  
VRBPAC Meeting  
October 22, 2020

SLIDE 16 of FDA's CBER Report Dated 10/22/2020

**FDA Safety Surveillance of COVID-19 Vaccines :  
DRAFT Working list of possible adverse event outcomes  
\*\*\*Subject to change\*\*\***

- Guillain-Barré syndrome	- Deaths
- Acute disseminated encephalomyelitis	- Pregnancy and birth outcomes
- Transverse myelitis	- Other acute demyelinating diseases
- Encephalitis/myelitis/encephalomyelitis/ meningoencephalitis/meningitis/ encephalopathy	- Non-anaphylactic allergic reactions
- Convulsions/seizures	- Thrombocytopenia
- Stroke	- Disseminated intravascular coagulation
- Narcolepsy and cataplexy	- Venous thromboembolism
- Anaphylaxis	- Arthritis and arthralgia/joint pain
- Acute myocardial infarction	- Kawasaki disease
- Myocarditis/pericarditis	- Multisystem Inflammatory Syndrome in Children
- Autoimmune disease	- Vaccine enhanced disease

The slide above comes from the FDA's internal document 2 months before COVID 19 vaccines started being administered to the public.  
7/27/20

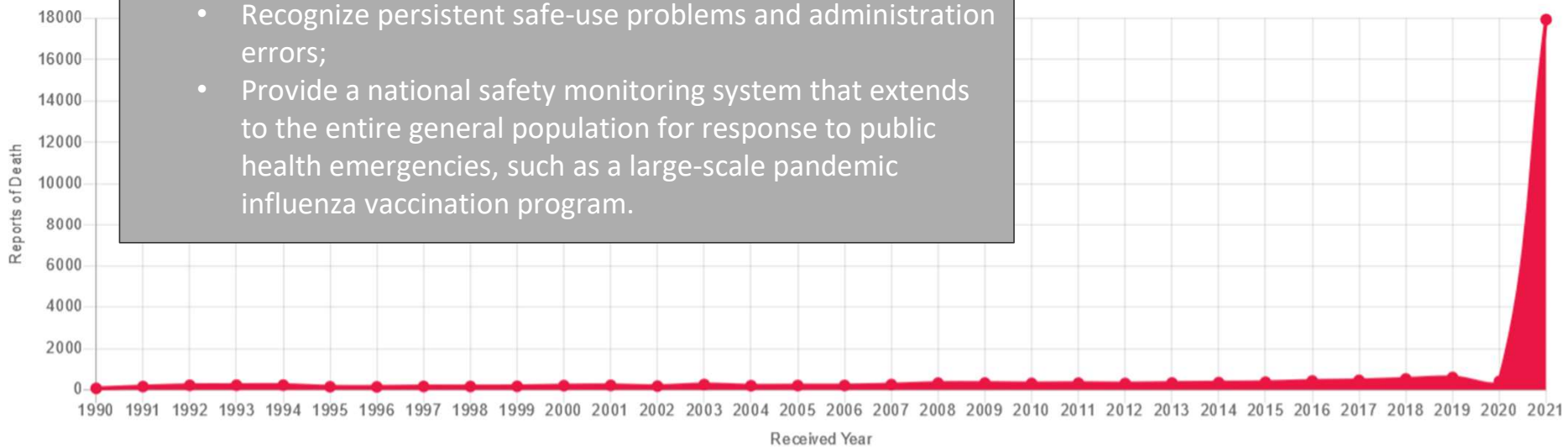
**WHAT ARE THE RISKS OF THE PFIZER-BIONTECH COVID-19 VACCINE?**  
Side effects that have been reported with the Pfizer-BioNTech COVID-19 Vaccine include:

- injection site pain
- tiredness
- headache
- muscle pain
- chills
- joint pain
- fever
- injection site swelling
- injection site redness
- nausea
- feeling unwell
- swollen lymph nodes (lymphadenopathy)

- Guillain-Barre Syndrome
- Acute Disseminated Encephalomyelitis
- Transverse Myelitis
- Convulsions/Seizures
- Stroke
- Narcolepsy
- Anaphylaxis
- Acute Myocardial Infarction
- Myocarditis/Pericarditis
- Autoimmune Disease
- Deaths
- Pregnancy and Birth Outcomes
- Thrombocytopenia
- Venous Thromboembolism
- Kawasaki Disease
- Multisystem Inflammatory Syndrome in Children

Vaccines and Related Biological  
Products Advisory Committee  
(VRBPAC) Meeting

- VAERS was established in 1990 to detect safety issues with U.S. licensed vaccination.  
<https://vaers.hhs.gov/about.html>
  - Detect new, unusual, or rare vaccine adverse events;
  - Monitor increases in known adverse events;
  - Identify potential patient risk factors for particular types of adverse events;
  - Assess the safety of newly licensed vaccines;
  - Determine and address possible reporting clusters (*e.g.*, *suspected localized [temporally or geographically] or product-/batch-/lot-specific adverse event reporting*);
  - Recognize persistent safe-use problems and administration errors;
  - Provide a national safety monitoring system that extends to the entire general population for response to public health emergencies, such as a large-scale pandemic influenza vaccination program.



VAERS COVID Vaccine Reports of Deaths by Days to Onset-All Ages

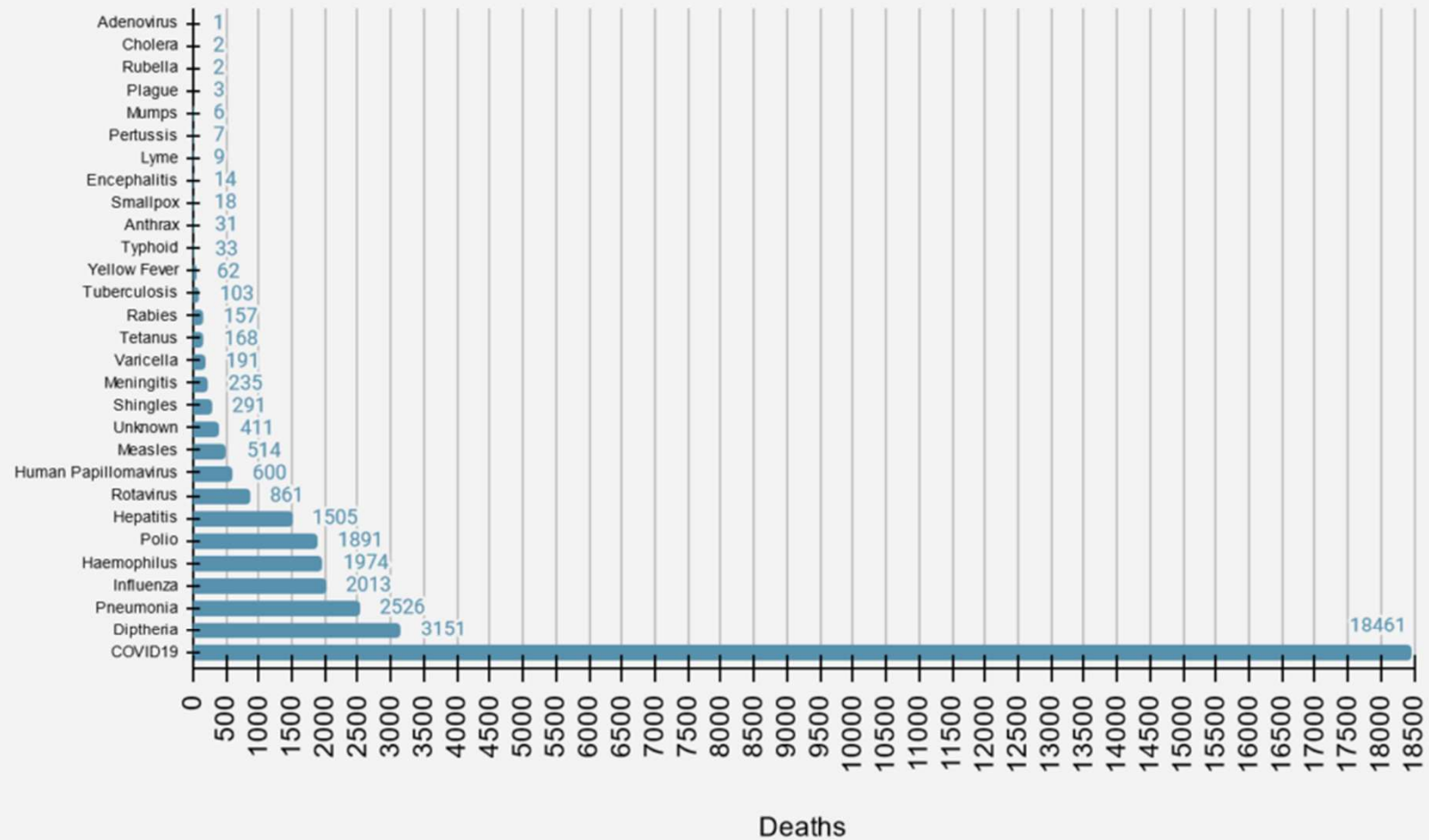
# VAERS

For context: There are hundreds of millions of doses of vaccines given annually across roughly 70+ vaccines. <https://openvaers.com/covid-data>



## Reported Deaths By Vaccine Type, 1990-Present

Data Obtained from CDC's VAERS



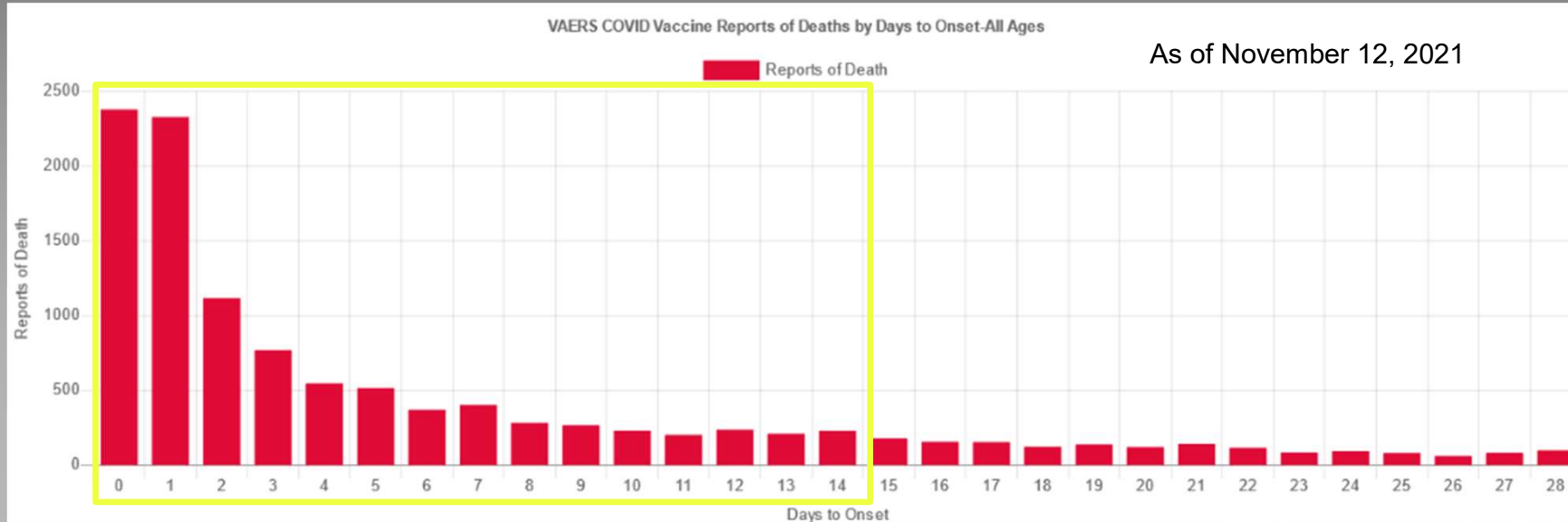
<https://vaersanalysis.info/2021/11/19/vaers-summary-for-covid-19-vaccines-through-11-12-2021/>

# VAERS

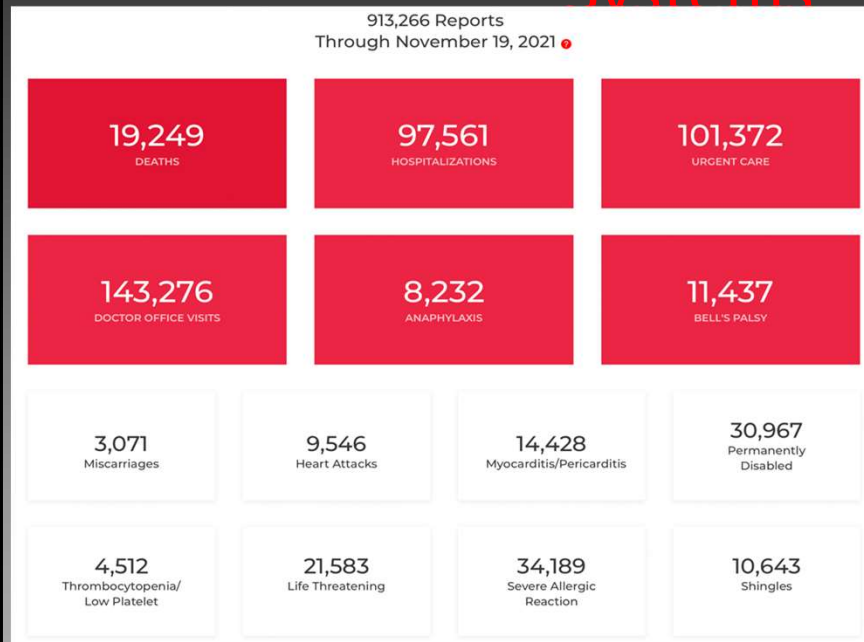
## Details, Details, Details

- Over 80% of the adverse events, hospitalizations and deaths from Covid-19 vaccines occur within 14 days of getting vaccinated.
- CDC counts over 80% of vaccine adverse events, hospitalizations, and deaths as “unvaccinated”

<https://openvaers.com/covid-data>



# Adverse Event Reporting Systems



Source: <https://openvaers.com/covid-data>

 **EudraVigilance - European database of suspected adverse drug reaction reports**

The European Medicines Agency publishes these data so that its stakeholders, including the general public, can access information that European regulatory authorities use to review the safety of a medicine or active substance. **Transparency** is a key guiding principle of the Agency.

**COVID-19 Vaccine Adverse Drug Reactions**  
**31,014 DEAD**  
**2,890,600 Injuries Through Nov 20, 2021**  
 COVID-19 MRNA VACCINE MODERNA (CX-024414)  
 COVID-19 MRNA VACCINE PFIZER-BIONTECH  
 COVID-19 VACCINE ASTRAZENECA (CHADOX1 NCOV-19)  
 COVID-19 VACCINE JANSSEN (AD26.COV2.S)

 **EUROPEAN MEDICINES AGENCY**  
 SCIENCE MEDICINES HEALTH

 **EudraVigilance**

<https://www.adrreports.eu/en/index.html>

## Myo/Pericarditis Cases post C19 Vaccine vs. All Flu Vaccines

Age Range	FLU Cases in 20 yrs.	C19 Cases in 7 mos.
6-18	16	694
19-29	61	877
30-39	28	481

CORONA, HEALTH, MAIN TOPIC, WORLD

## From 13 years! Long list of athletes who "suddenly" died or were seriously ill

October 28, 2021

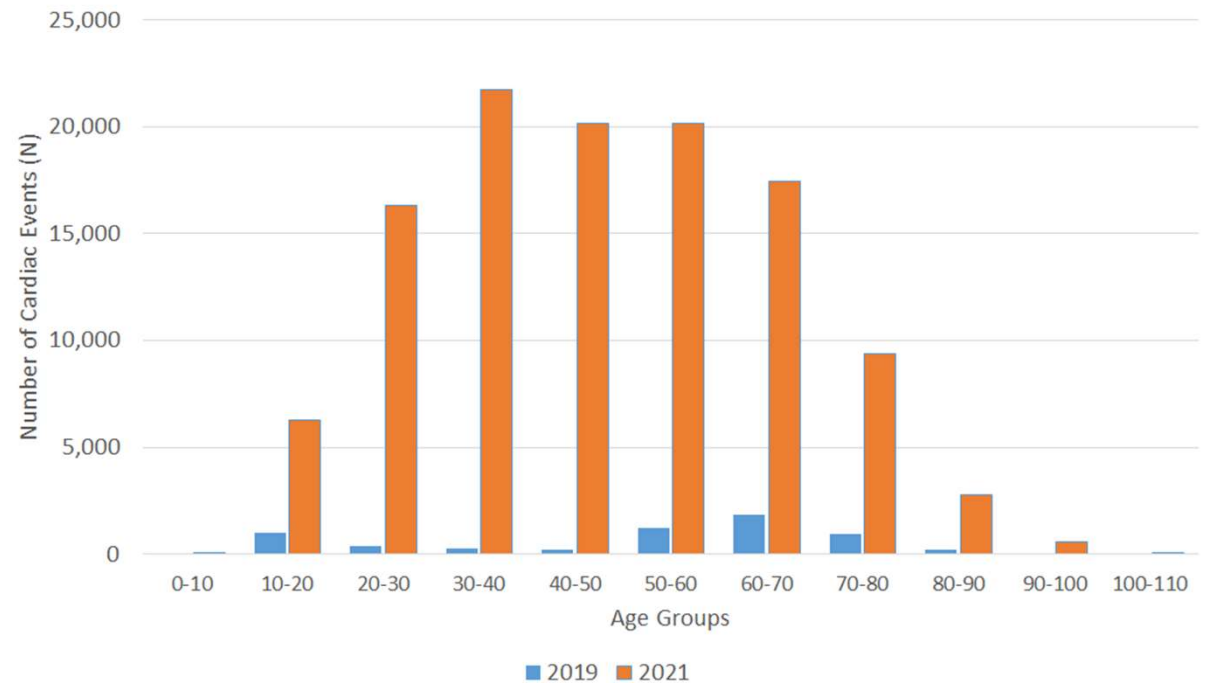


Symbolic picture: freepik @actiongg

We took a long time for this research, selecting each case individually. Was there a noticeably high number of "sudden and unexpected" deaths in sport and top-class sport until mid-2021? No official can (and will not) explain a possible accumulation since the start of gene vaccinations. According to the possibly blackmailed and bribed media and politics, these are unfortunate coincidences - although already 13-year-olds with heart problems fall over on the square.

# Cardiac Events Due to Vaccination

VAERS Domestic Data Analysis: Dr. Jessica Rose







World Health  
Organization



VigiBase is the WHO global database of reported potential side effects of medicinal products reported by national pharmacovigilance centers or national drug regulatory authorities that are members of the WHO

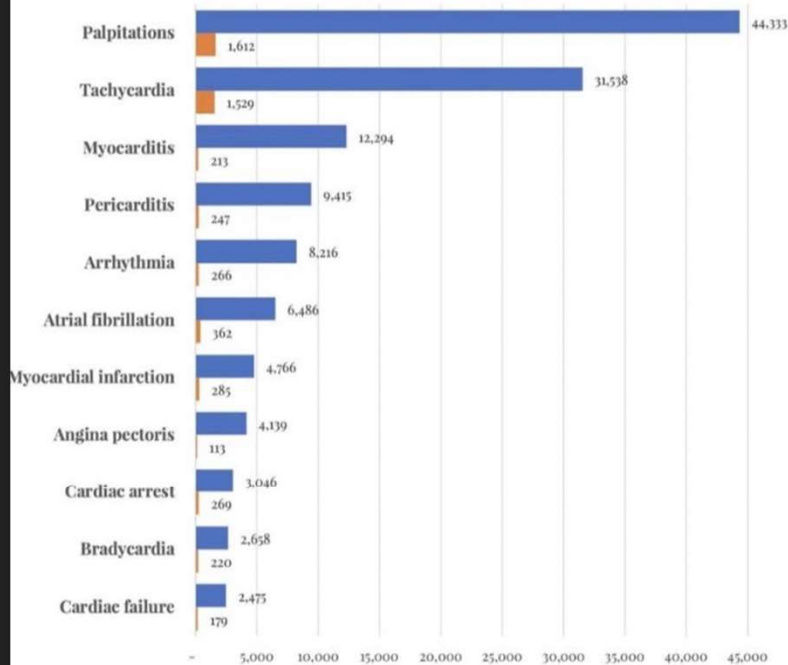
### COVID-19 vs Flu Vaccine Top Reported Cardiac Adverse Drug Reactions

WHO VigiBase Global Database

Data Source: VigiAccess.org

Updated Nov. 20, 2021

■ COVID-19 (2020-2021) ■ Flu (1968-2021 Combined)



ANALYSIS: COVID-19 vs. Flu Vaccine Top Reported Cardiac Adverse Events

108 FIFA registered players/coaches have died in the past 6 months.



[express.co.uk](https://www.express.co.uk)

John Fleck rushed to hospital after Sheffield United star collapses in worrying scenes

4:18 AM · 11/24/21 · [Twitter for iPhone](#)

# Eight Nations Suspend Covid-19 Vaccines Due to Heart Inflammation,

Eight nations have suspended Covid-19 vaccines for younger age groups due to risk of heart inflammation.

- Taiwan suspends 2nd Pfizer vaccine for 12-17
- Iceland suspends Moderna for all ages
- Sweden suspends Moderna for under 30
- Finland suspends Moderna for under 30
- Denmark suspends Moderna for under 18
- Norway suspends Moderna for under 18
- France suspends Moderna for under 30
- Germany suspends Moderna for under 30

Meanwhile, the United States is pushing these same vaccines for children as young as 5.

“The Ministry of Health and Welfare’s Advisory Committee for Immunization Practices said it was suspending giving second doses of the inoculation to 12- to 17-year-olds for a two-week period. During that time, experts from the country’s Centers for Disease Control will examine the 16 reported myocarditis cases among Taiwanese teens who received the jab.

**There will be no vaccination of children under 11 years old until any potential issue with administering a second dose to adolescents is fully understood, Chen added, and international data will also be considered. The CECC director noted that Hong Kong and the UK are the only countries not vaccinating children between the ages of 12 and 17 with double doses.”**



## SARS-CoV-2 mRNA Vaccination-Associated Myocarditis in Children Ages 12-17: A Stratified National Database Analysis

Comments (107)

Tracy Beth Høeg, Allison Krug, Josh Stevenson, John Mandrola

doi: <https://doi.org/10.1101/2021.08.30.21262866>

This article is a preprint and has not been peer-reviewed [what does this mean?]. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.

Abstract

Full Text

Info/History

Metrics

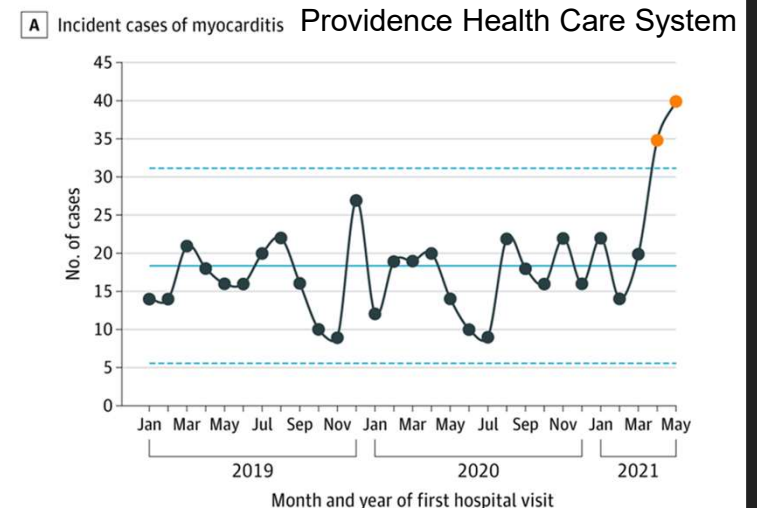
Preview PDF

### ABSTRACT

**Objectives** Establishing the rate of post-vaccination cardiac myocarditis in the 12-15 and 16-17-year-old population in the context of their COVID-19 hospitalization risk is critical for developing a vaccination recommendation framework that balances harms with benefits for this patient demographic.

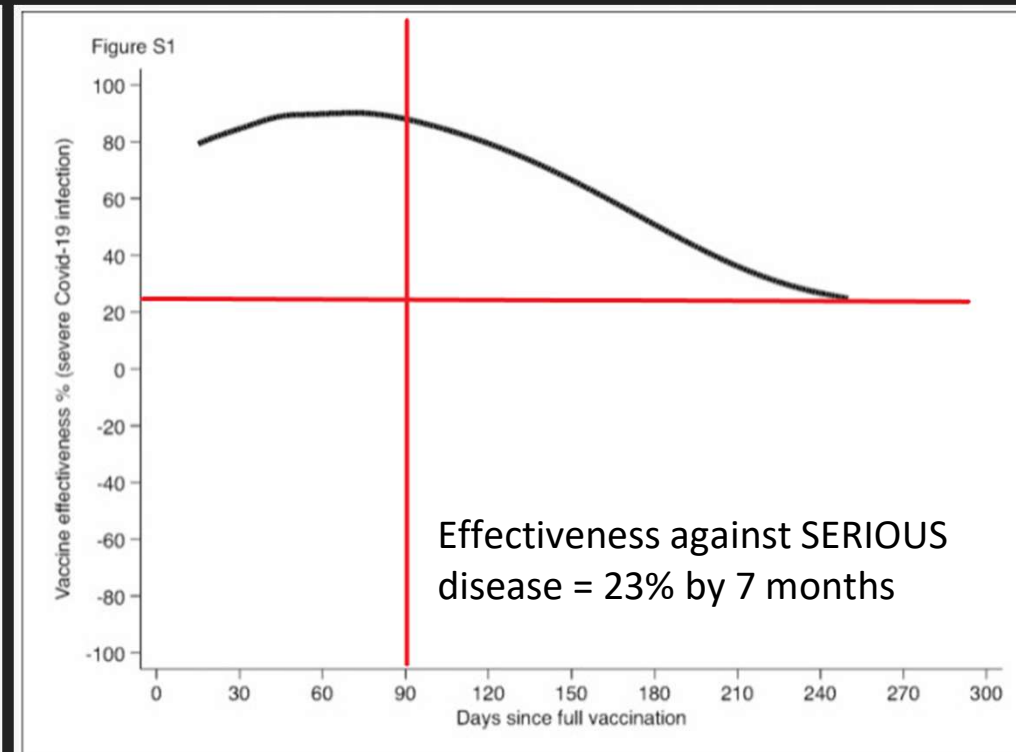
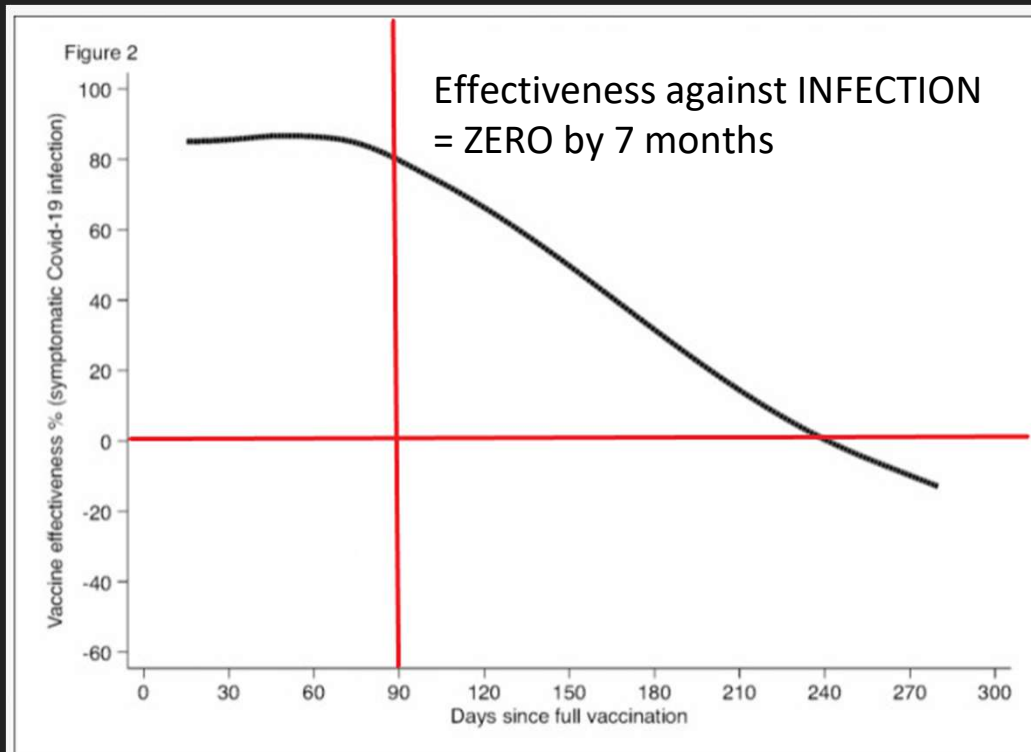
**Design, Setting and Participants** Using the Vaccine Adverse Event Reporting System (VAERS), this retrospective epidemiological assessment reviewed reports filed between January 1, 2021, and June 18, 2021, among adolescents ages 12-17 who received mRNA vaccination against COVID-19. Symptom search criteria included the words chest pain, myocarditis, pericarditis and myopericarditis to identify children with evidence of cardiac injury. The word troponin was a required element in the laboratory findings. Inclusion criteria were aligned with the CDC working case definition for probable myocarditis. Stratified cardiac adverse event (CAE) rates were reported for age, sex and vaccination dose number. A harm-benefit analysis was conducted using existing literature on COVID-19-related hospitalization risks in this demographic.

Figure. Monthly Number of Inpatient and Emergency Department Cases of Myocarditis and Pericarditis at 40 Hospitals in the Western US



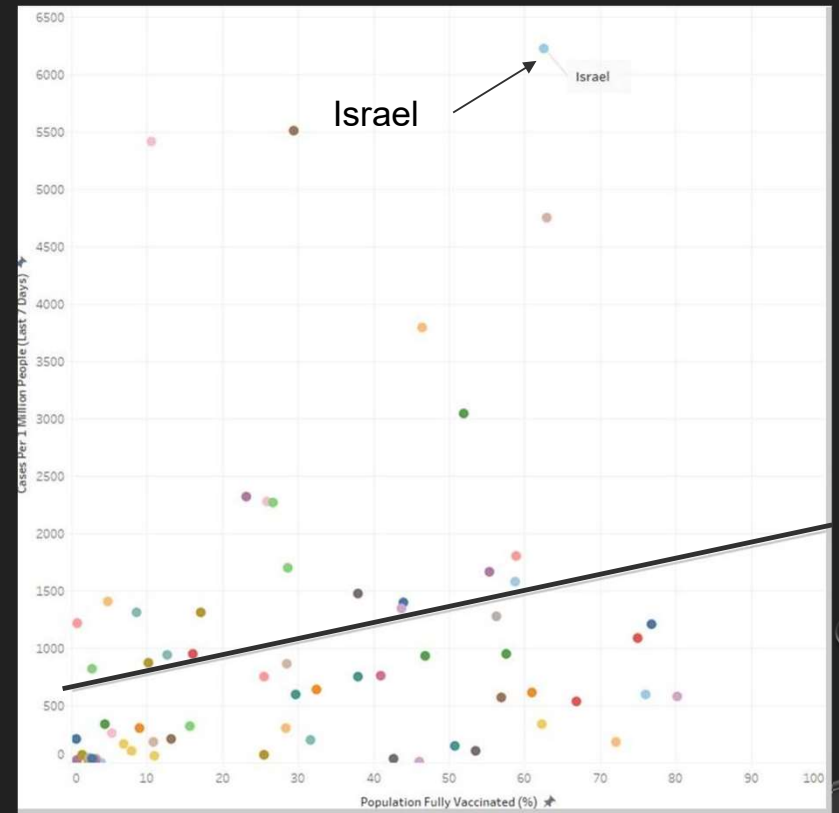
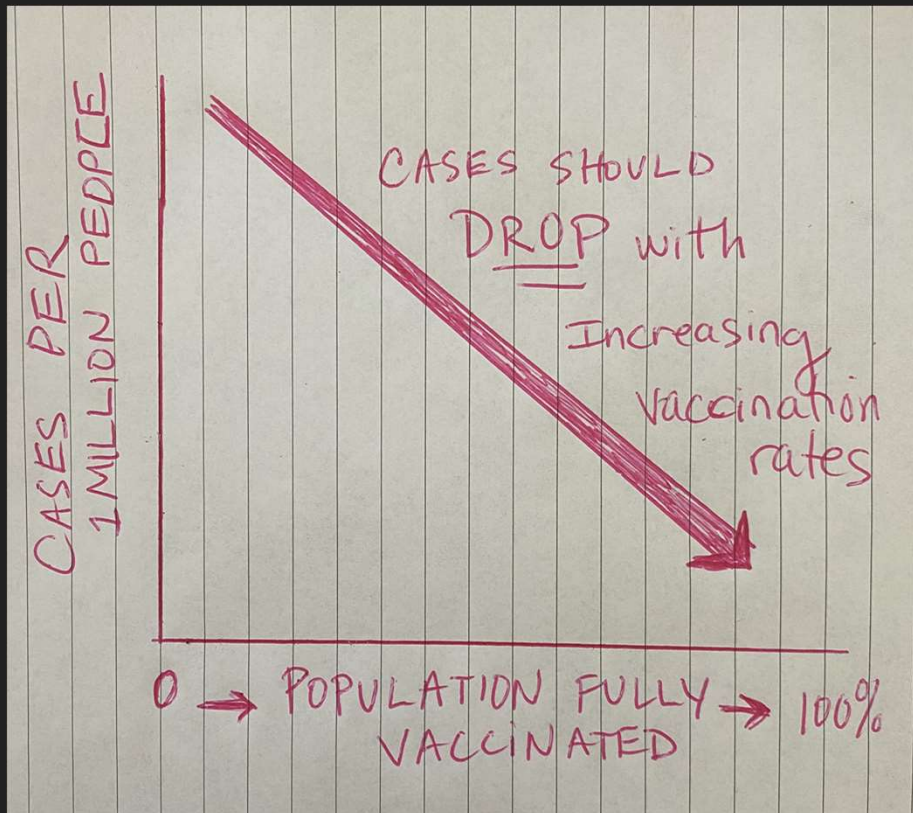
- 12-15 year old healthy boy has a 4-6 higher risk of cardiac adverse event (CAE) from 2nd dose of vaccination than hospitalization from Covid-19
- 1 in 5,000 rate of CAE in child/adolescent (200/million)
- Should consider no vaccination for healthy children and instead rely on Natural Immunity

[This study](#) looked at 842,974 pairs (N = 1,684,958), of Swedish nationwide registries, including individuals vaccinated with AstraZeneca, Pfizer and Moderna matched with unvaccinated individuals. Cases of infection and severe C19 were collected from January 12 – October 4, 2021.

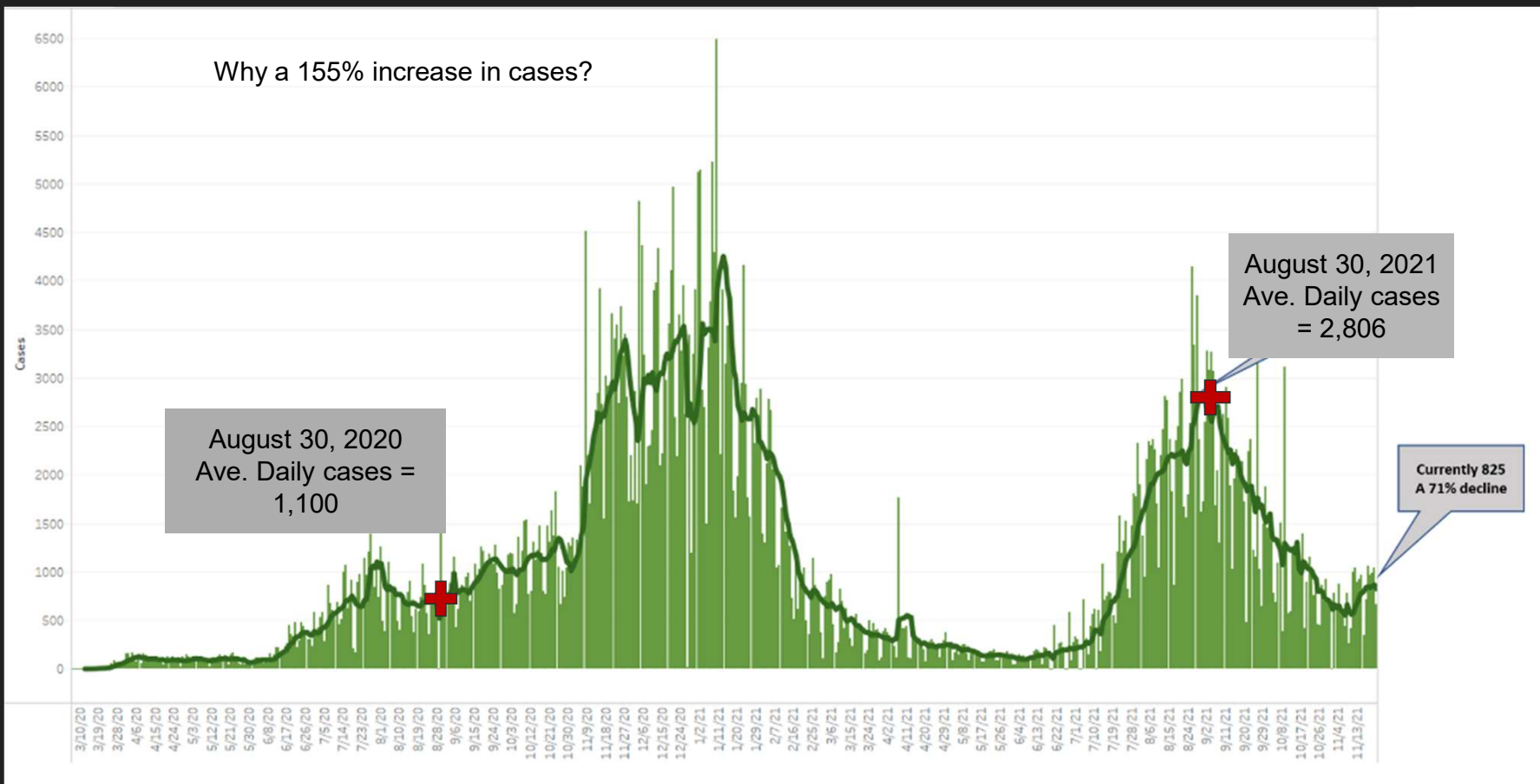


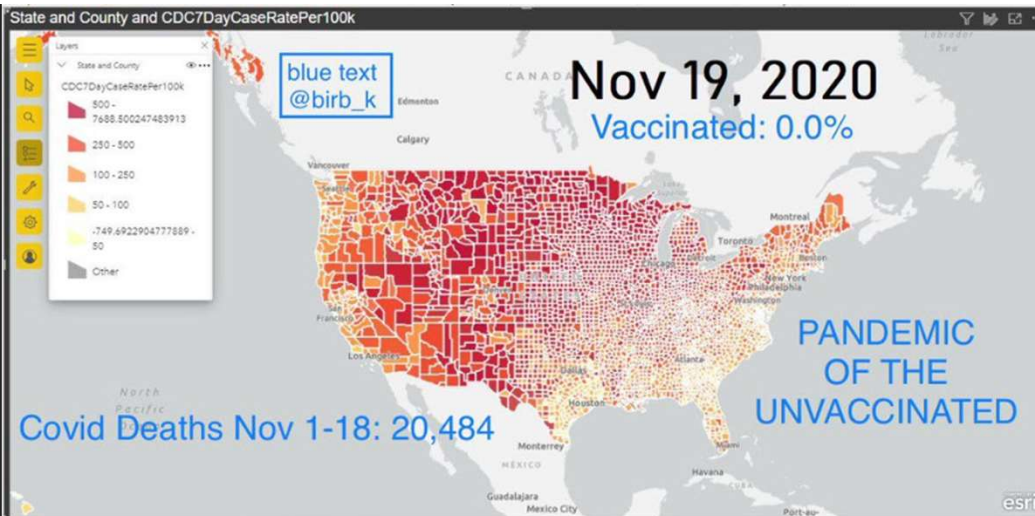


# If the vaccine worked.....

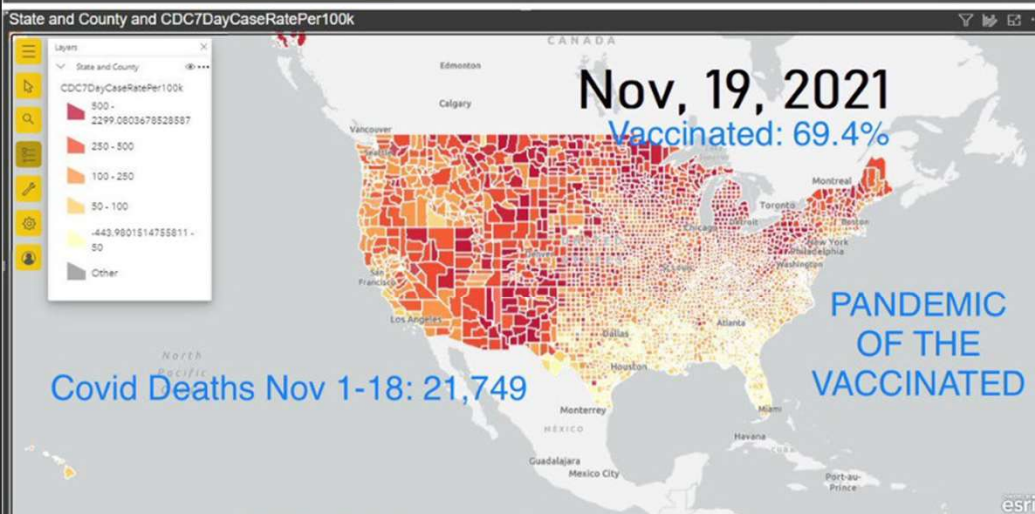


# SARS-CoV-2 is Seasonal - Oklahoma Cases



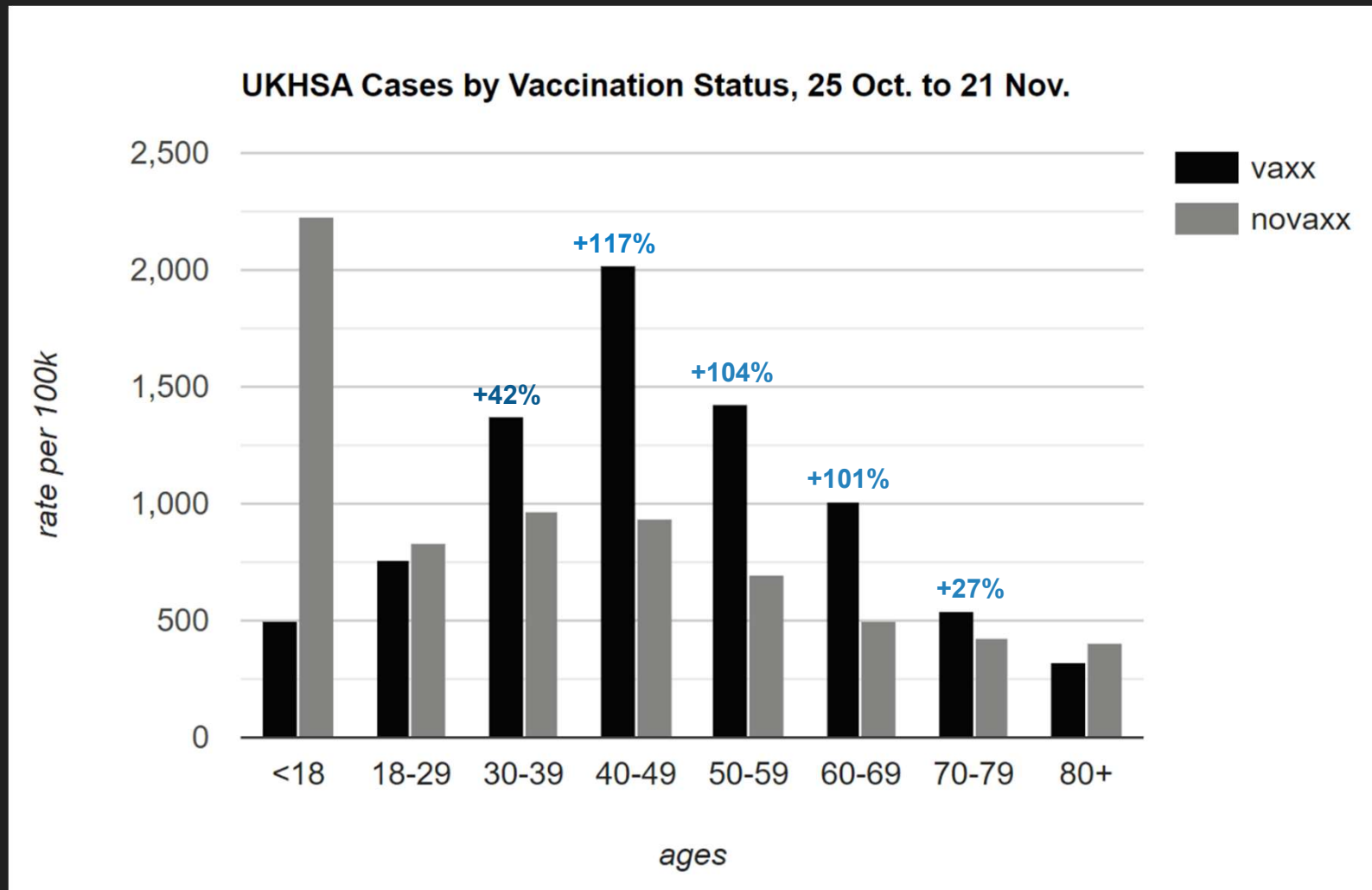


Source:  
NYT github Server County Dataset.

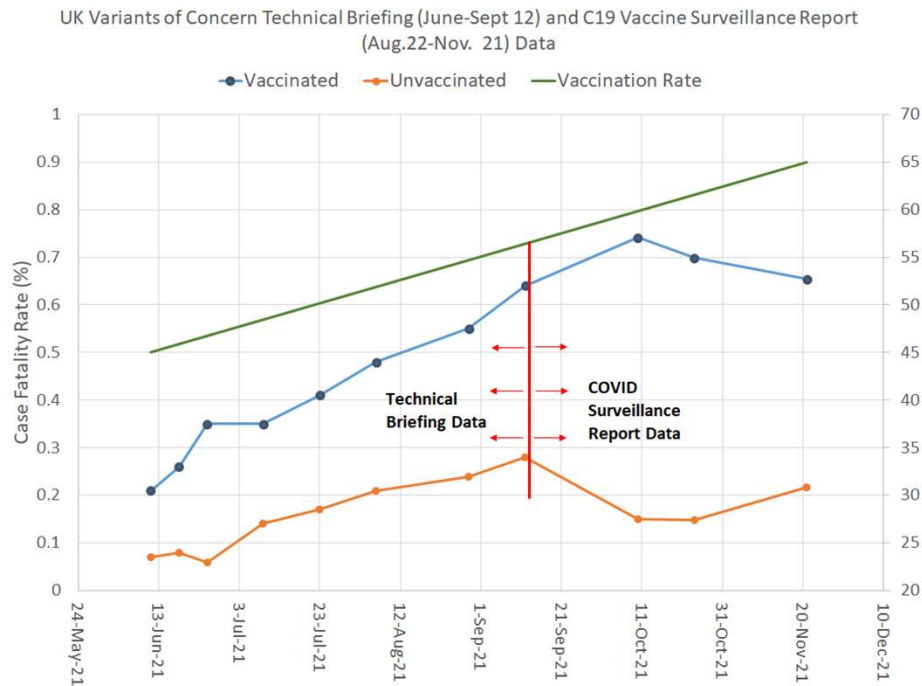


Source:  
NYT github Server County Dataset.

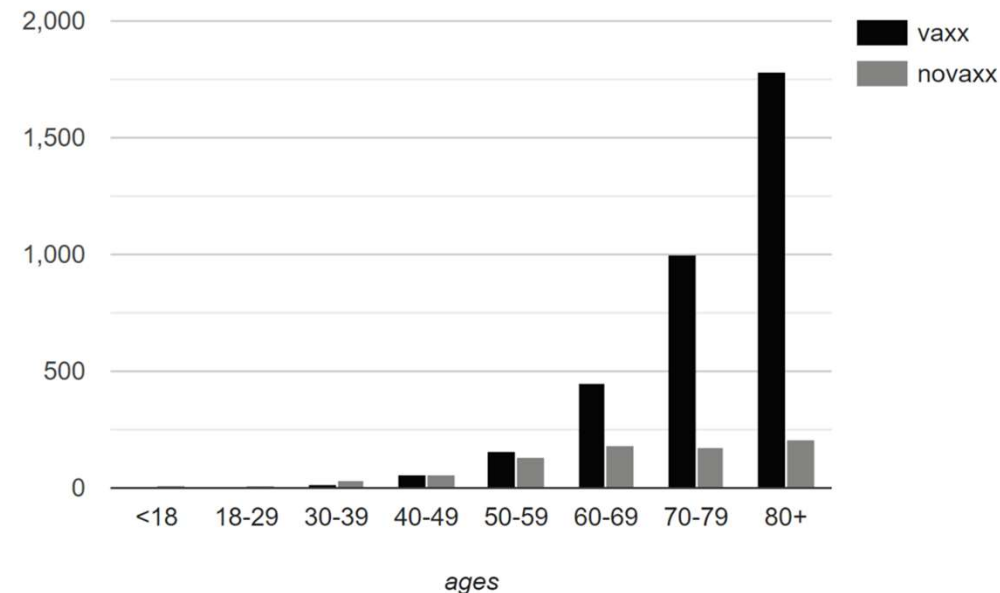
# UNITED KINGDOM: VAX RATE = 84% OVER 16 Y.O.



# UK Data on Case Fatality Rates and Cumulative Deaths



UKHSA Raw Death Numbers by Vaxx Status, 25 Oct. to 21 Nov.



Data Source: <https://www.gov.uk/government/publications/investigation-of-novel-sars-cov-2-variant-variant-of-concern-20201201>  
<https://www.gov.uk/government/publications/covid-19-vaccine-weekly-surveillance-reports>



## Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

Our World  
in Data

LINEAR LOG

<https://ourworldindata.org/covid-cases>

# Confirmed Cases

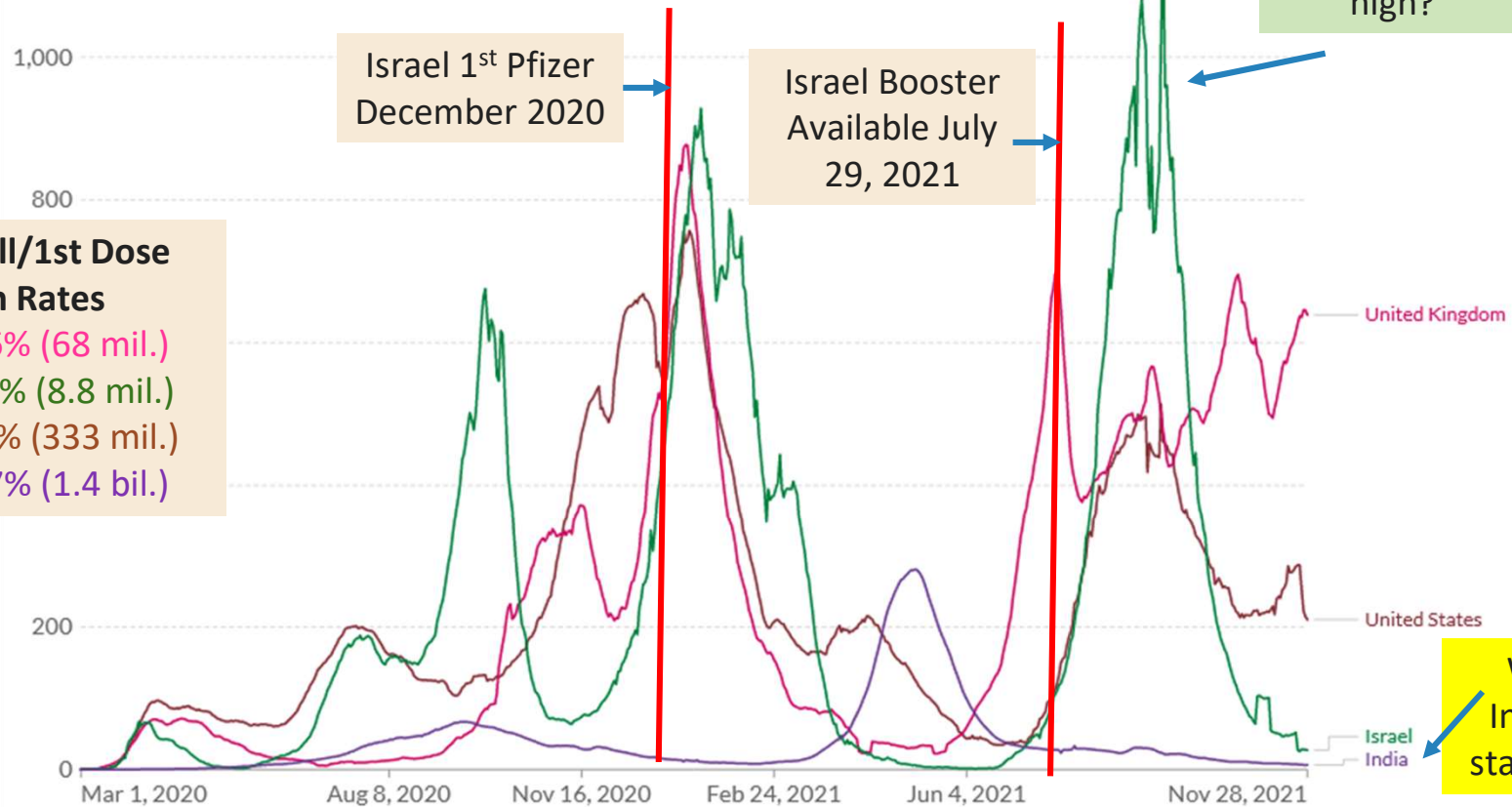
Why were  
Israeli cases so  
high?

Israel 1<sup>st</sup> Pfizer  
December 2020

Israel Booster  
Available July  
29, 2021

### Eligible Pop. Full/1st Dose Vaccination Rates

UK = 69/76% (68 mil.)  
Israel = 64/70% (8.8 mil.)  
US = 59/70% (333 mil.)  
India = 32/57% (1.4 bil.)



Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

Jan 28, 2020

Nov 28, 2021

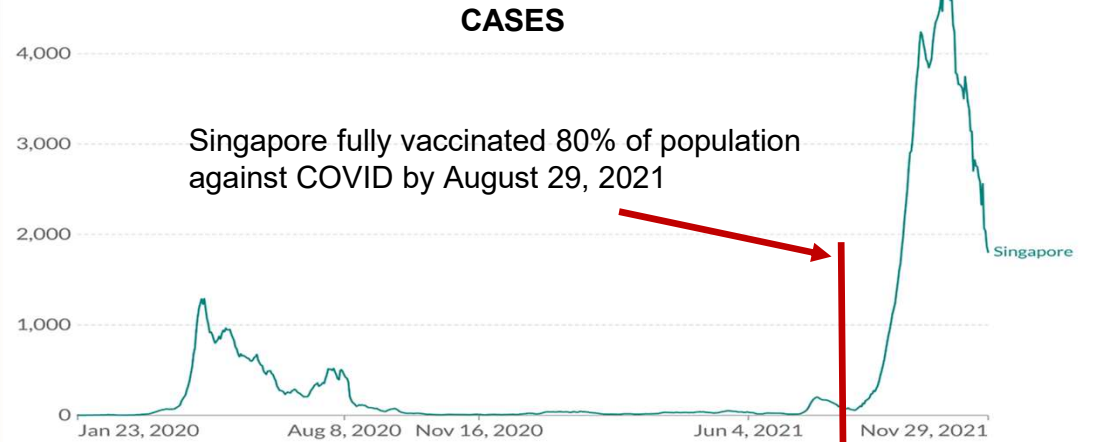
## New confirmed cases of Covid-19 in Gibraltar and European Union

Seven-day rolling average of new cases (per 100k)



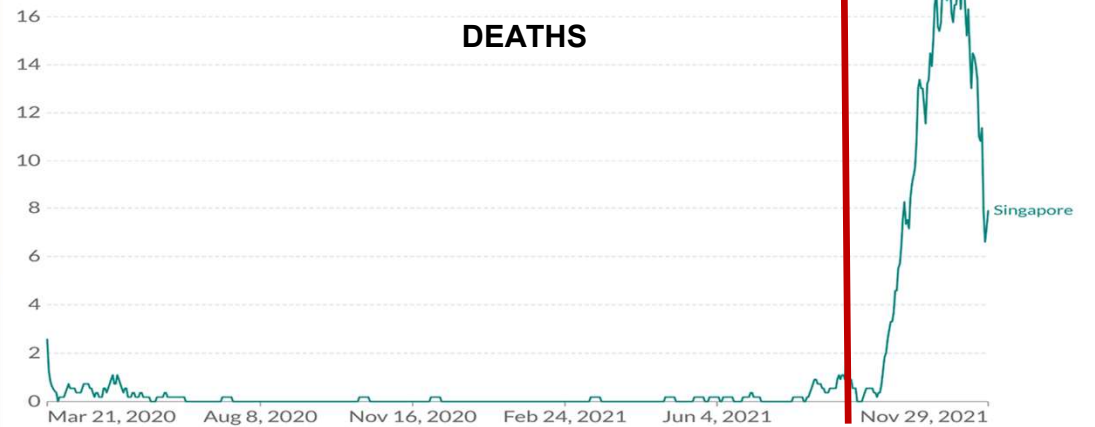
## Weekly confirmed COVID-19 cases per million people

Weekly confirmed cases refer to the cumulative number of confirmed cases over the previous week.



## Weekly confirmed COVID-19 deaths per million people

Weekly confirmed deaths refer to the cumulative number of confirmed deaths over the previous week.



Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

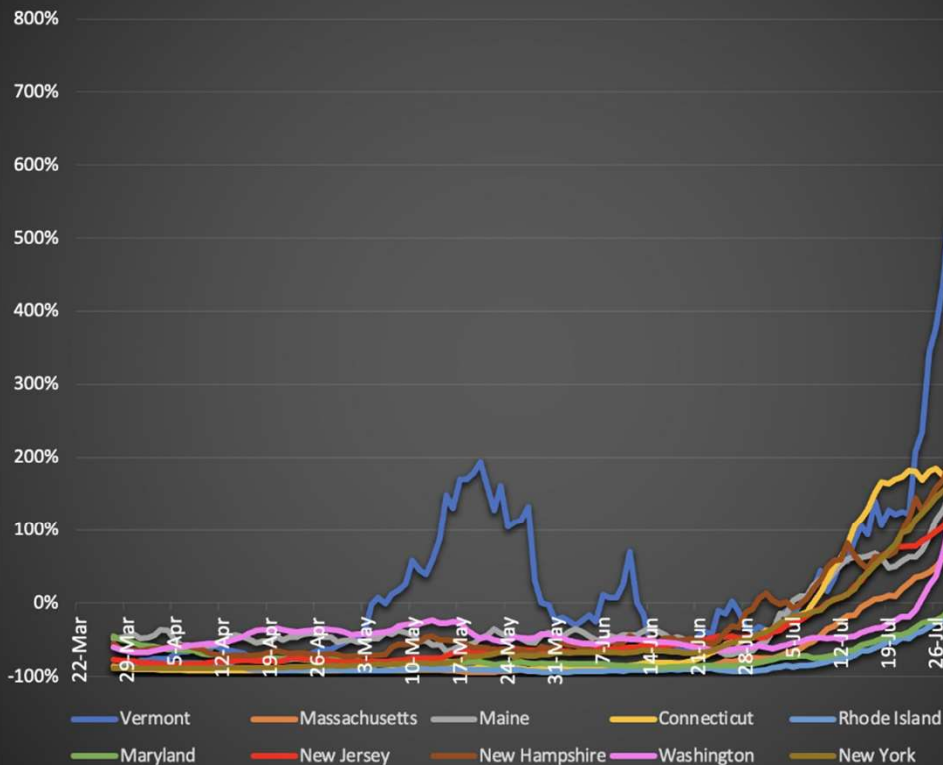
# Least versus Most Vaccinated Countries

World's Least vaccinated Countries				World's Most vaccinated Countries		
Name	%Vaccinated (1 dose)	COVID Deaths/Million		Name	%Vaccinated (1 dose)	COVID Deaths/Million
Burundi	<0.1	3		UAE	>99	213
Congo	0.1	42		Portugal	88	1790
Haiti	0.7	57		Cuba	88	729
South Sudan	0.8	12		Chile	87	1954
Chad	1	10		Malta	86	1043
				**United States	67	2305
** Not one of the MOST vaccinated countries, but added for comparison						
Vaccinations: <a href="https://www.nytimes.com/interactive/2021/world/covid-vaccinations-tracker.html">https://www.nytimes.com/interactive/2021/world/covid-vaccinations-tracker.html</a>						
Covid Mortality: <a href="https://www.worldometers.info/coronavirus/">https://www.worldometers.info/coronavirus/</a>						
As of November 3, 2021						

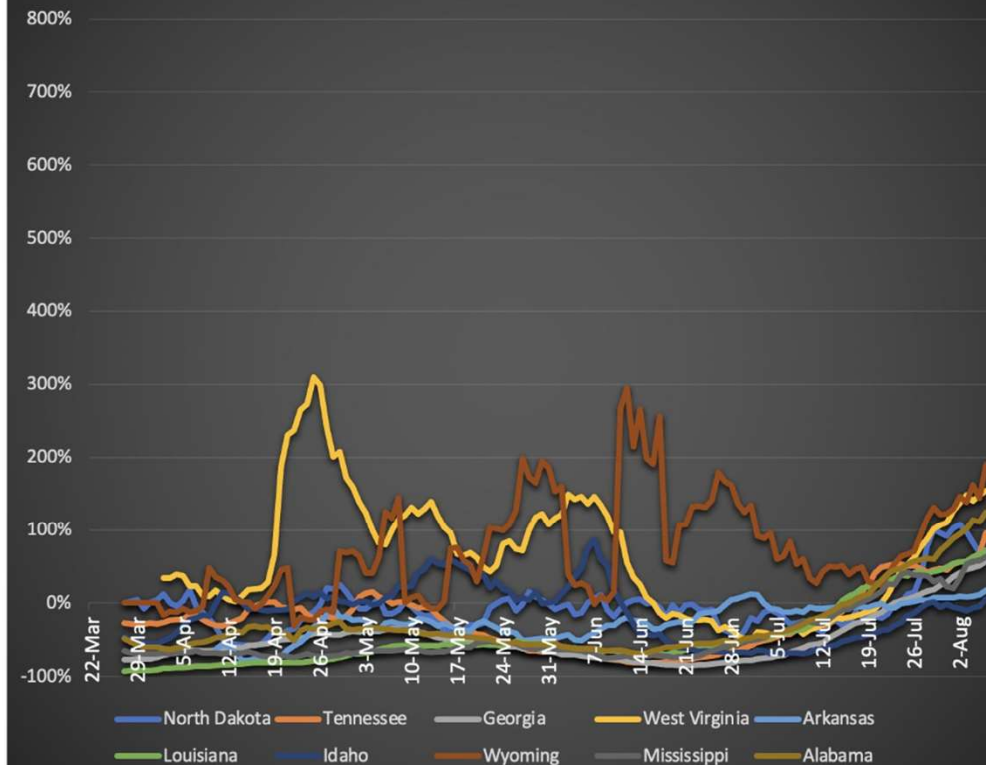
# % YoY Change in Daily Cases: 2020 vs. 2021

Testing-adjusted to highest testing level per state, 7-Day Moving Average for both testing, and positive cases

## 10 Most-Vaccinated States



## 10 Least-Vaccinated States



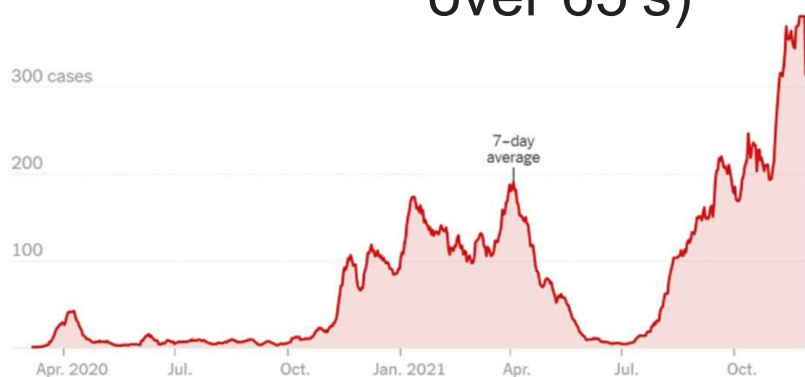
Testing-adjusted case counts allow us to create a more apples-to-apples comparison of cases over time, independent of testing changes. They tend to map more closely to hospitalization trends, and allow better year-over-year comparisons. It is of course not a perfect measure, but makes comparisons more meaningful.

## How trends have changed in Vermont

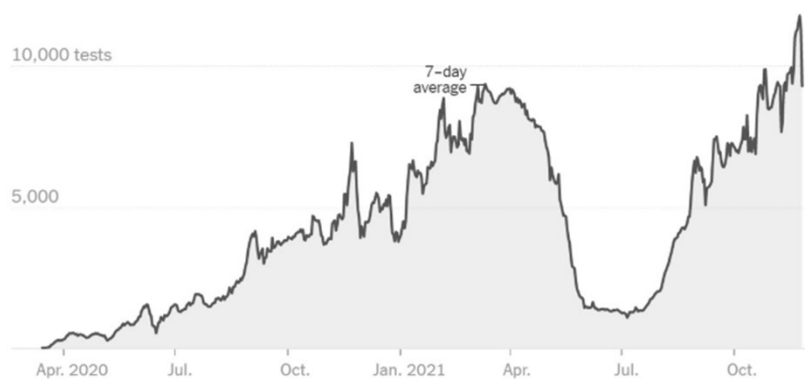
**Vermont: Vax Rate**  
(94% over 12's, 99% over 65's)

All time Last 90 days

New reported cases by day

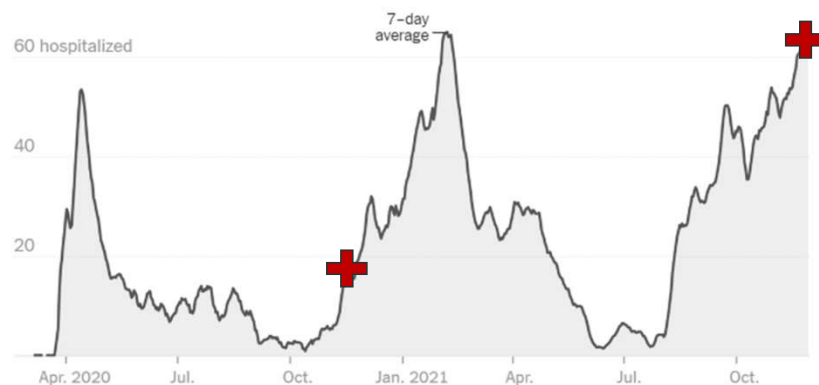


Tests by day

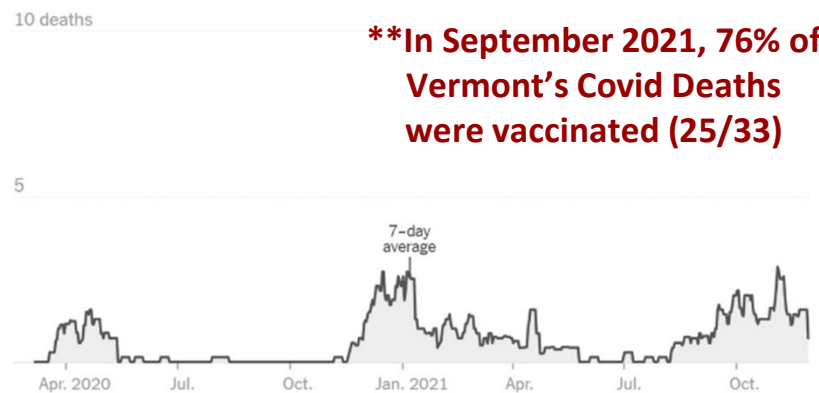


**Hospitalizations up over 214% from this date last year, with 4-6 weeks from what is usually the seasonal peak.**

Hospitalizations



New reported deaths by day



**\*\*In September 2021, 76% of Vermont's Covid Deaths were vaccinated (25/33)**



<https://oklahoma.gov/content/dam/ok/en/covid19/documents/weekly-epi-report/2021.10.13%20Weekly%20Epi%20Report.pdf> (Page 9)

#### COVID-19 VACCINE BREAKTHROUGH INFECTIONS IN OKLAHOMA

- Total Number Reported Vaccine Breakthrough Cases: 12,790

#### VACCINE BREAKTHROUGH CASES, HOSPITALIZATIONS AND DEATHS BY VACCINE TYPE AS OF OCT 11, 2021

Vaccine Brand	Number of Fully Vaccinated OK Residents*	Number of Vaccine Breakthrough Cases**	Cumulative Breakthrough Incidence Rate Per 100,000 Fully Vaccinated OK Residents	Hospitalizations	Deaths
Johnson and Johnson	120,432	1,297	1077.0	84	18
Moderna	764,996	4,244	554.8	225	50
Pfizer	1,029,816	7,249	703.9	426	92
Total	1,915,244	12,790	667.8	735	160

\*Vaccine Denominator: Represents the number of people who have received the second dose in a two-dose COVID-19 vaccine series or one dose of the single-shot Johnson and Johnson's Janssen COVID-19 vaccine.

\*\*Vaccine breakthrough cases is defined as an individual with a COVID-19 positive laboratory results (PCR/Antigen) and documentation of COVID-19 vaccination that meets the definition of fully vaccinated. (Individuals are considered fully vaccinated  $\geq 2$  weeks after receiving the last dose in the COVID-19 vaccine series.)

Source: CDC COVID Data Tracker—COVID-19 Vaccinations in the United States. Accessed: 10/11/21

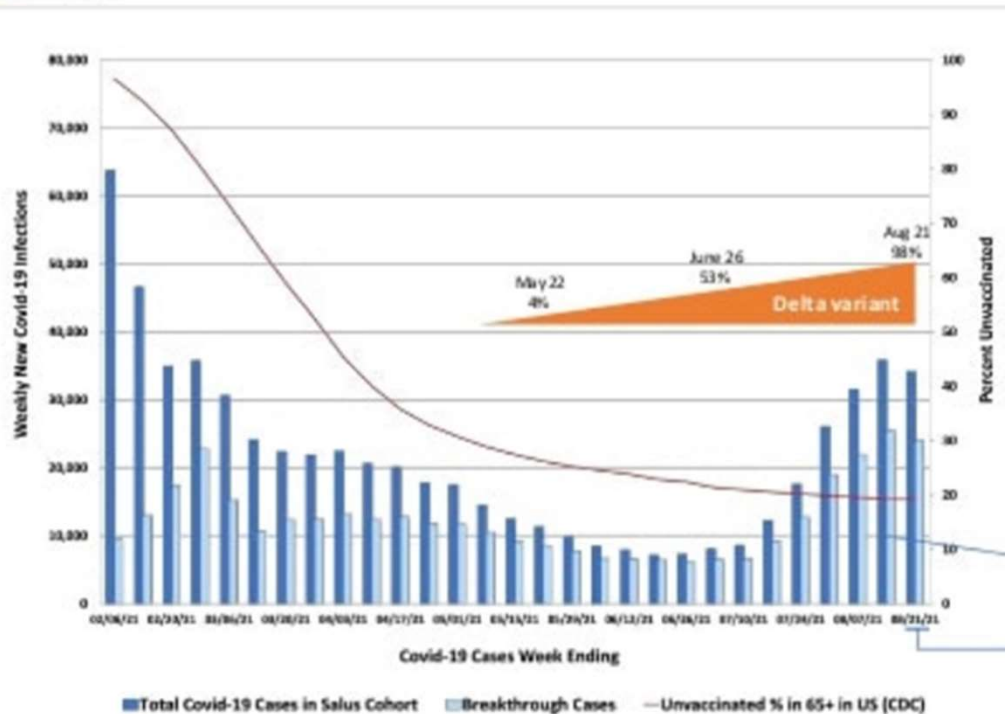
#### COVID-19 VACCINE BREAKTHROUGH INFECTIONS AND REINFECTIONS DATA UPDATE

Each week, OSDH strives to provide high quality and accurate data to inform citizens of the current COVID-19 situation in Oklahoma. At this time, we are currently working on refining the process for identifying breakthrough infections and reinfections. Once we have finalized this process, we will resume providing tables on breakthrough infections and reinfections.

From October 19, 2021 Report - Missing Table.

What is the new process of identifying breakthrough infections and reinfections going to be?

## Total & Breakthrough Cases in the 65 Years and Older Salus Cohort



- As Delta variant became predominant, COVID-19 cases increased five-fold in the  $\geq 65$  population
- In this 80% vaccinated  $\geq 65$  population, an estimated **73%** of COVID-19 cases occurred in fully vaccinated individuals

Breakthrough cases = 71% of total Covid-19 cases in cohort

Data incomplete due to lag in claims processing

Why is the Oklahoma data so much different than this national study of 20 million 65+ year old Medicare recipients hospitalized FOR Covid-19?

- All hospital admissions are PCR tested for Covid-19
- What is the # of people admitted FOR severe Covid cases? (e.g., O2 levels below 94%)

**DISTRIBUTION OF RECENT COVID-19 HOSPITAL ADMISSIONS BY VACCINATION STATUS AND AGE GROUP AS OF NOVEMBER 13, 2021\***

Vaccination Status	Age Group	Hospital Admissions in the last 30 days***	Percentage within Vaccination Status Category	Percentage of Total Hospitalizations
Non-Vaccinated	Under 1- 4	29	3.9%	2.9%
	5-17	32	4.3%	3.2%
	18-35	108	14.5%	10.7%
	36-49	106	14.2%	10.5%
	50-64	204	27.4%	20.1%
	65+	263	35.3%	25.9%
	Unknown	2	0.3%	0.2%
	Total	744	100.0%	73.4%
Fully Vaccinated*	5-17	0	0.0%	0.0%
	18-35	11	5.2%	1.1%
	36-49	25	11.8%	2.5%
	50-64	53	25.0%	5.2%
	65+	123	58.0%	12.1%
	Total	212	100.0%	20.9%
Partially Vaccinated**	5-17	0	0.0%	0.0%
	18-35	5	8.6%	0.5%
	36-49	8	13.8%	0.8%
	50-64	18	31.0%	1.8%
	65+	27	46.6%	2.7%
	Total	58	100.0%	5.7%
Total Hospitalizations		1,014		

<https://oklahoma.gov/covid19/newsroom/weekly-epidemiology-and-surveillance-report.html>

BREAKING | Oct 6, 2021, 11:40am EDT | 44,926 views

## U.S. Covid-19 Deaths For 2021 Surpass Toll From 2020

**Marisa Dellatto** Forbes Staff

Business

*I cover breaking news, arts and entertainment.*

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Listen to article 2 minutes



**TOPLINE** More Americans have died from Covid-19 so far in 2021 than in 2020, a sobering milestone after the year began with hopes that the United States was set to turn the corner on the pandemic with the rollout of vaccines -- and the death count is still rising steadily at a pace of over 2,000 a day.



Medical staff push a patient on a gurney to a waiting medical helicopter at the Emile Muller

## US 2021 COVID-19 death toll now tops 2020

Patrick Martin

© 21 November 2021

More Americans have died of COVID-19 in 2021 than in the first year of the pandemic, according to Johns Hopkins University and the Centers for Disease Control and Prevention (CDC). The figures demonstrate the terrible human cost of the policy of "living with the virus," pursued by the Biden administration and corporate America, which in reality means allowing hundreds of thousands to die from the virus.



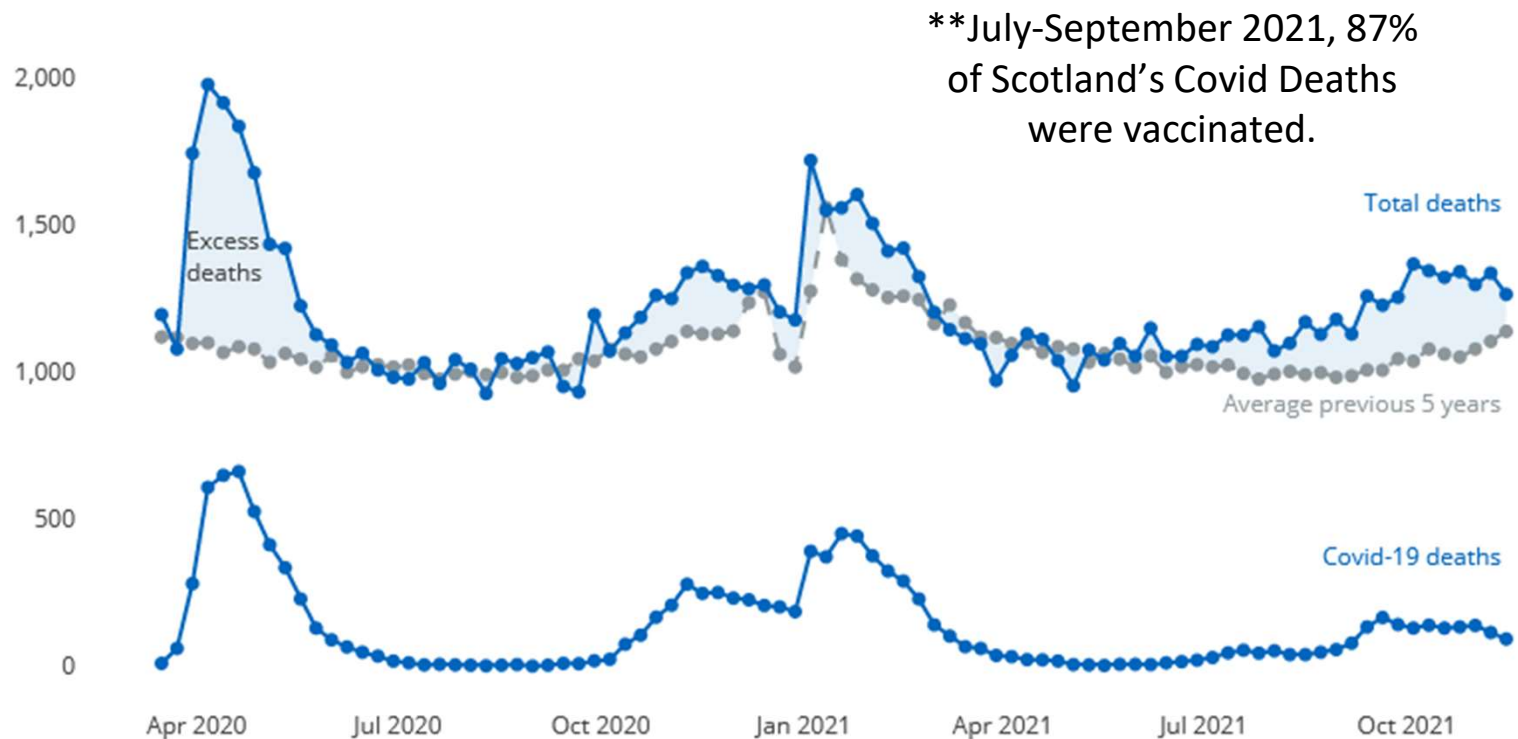


# SCOTLAND: MEASURING EXCESS DEATHS (VAX RATE = 84.6% OVER 16 Y.O. AND 66% OVERALL)

## Excess deaths

<https://data.gov.scot/coronavirus-covid-19/detail.html#deaths>

Deaths are 11% above average levels for this time of year.

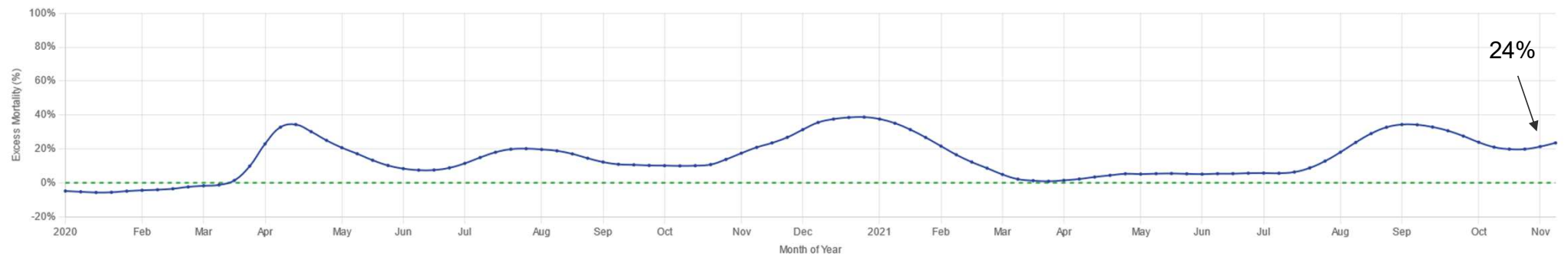




# Measuring Excess Deaths - US vs. OK

All-Cause Excess Mortality - United States

USMortality.com

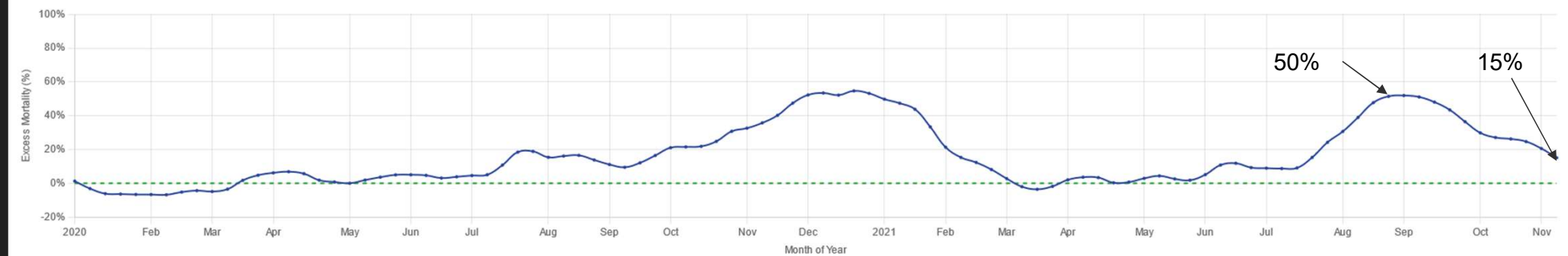


Sources: CDC.gov, Census.gov, Own Calculations

☒ Smooth ☒ Show Months | Download | ▲

All-Cause Excess Mortality - Oklahoma

USMortality.com



Sources: CDC.gov, Census.gov, Own Calculations

☒ Smooth ☒ Show Months | Download | ▲

# CONCLUSIONS

- Death Rates:
  - 2021 is yet to be determined but the percentage chance of survival after infection remains high--especially in children (0-17) which remains at 99.998%.
    - The data supports the fact that suicide rates in our children is a far greater concern
    - During February -March 2021, suspected suicide attempts were 50.6% higher among girls aged 12-17 years than the same period in 2019.
    - Obesity is an issue, as well as anxiety and depression with disturbing weight gain.
    - 1840 Children were killed from neglect/abuse in 2019.
- The PCR Test
  - The PCR Cycle threshold can be manipulated to increase positivity analytic results.
  - Correlation between PCR cycle threshold reduction with vaccine rollout and decreased cases.
  - Dr. Mullis - Inventor of PCR warned against its use as a diagnostic test.
  - We do not have a Gold Standard test as isolation and purification of the virus would be necessary.
- Masks
  - There is not a statistically significant difference in mask use to prevent Covid-19 and the transmission of Covid-19.
  - Face masks had no effect, neither as personal protective equipment nor as a source control.

# CONCLUSIONS

- Therapeutic Interventions
  - SARS-CoV-2 is a relatively easy virus to treat when treated early with antivirals.
  - Therapeutics like Ivermectin, and Hydroxychloroquine are effective. Adding Vitamin C, Zinc, D3, NAC, and Quercetin have also shown positive effects.
- Convalescent (Natural) & Herd Immunity
  - Herd immunity definition changes are problematic as it remains critically important.
  - Convalescent immunity is superior to vaccine immunity and is robust against variants. This debate is settled in the scientific literature.
- Vaccine Safety - VAERS
  - Reporting to VAERS data And Eudravigilance (Europe's Version) increases daily. The reports are beyond concerning from a safety standpoint.
  - Where are the safety reports from our FDA/CDC concerning the VAERS database?
  - FDA adverse effect slide from October 22<sup>nd</sup>, 2020 is concerning as we see these adverse events increasing worldwide.

# CONCLUSIONS

- Vaccine, Variants and Protection

- The Vaccine is the largest human science experiment ever conducted without fully understanding the acute, subacute and long-term potential adverse effects.
- The full spike in the mRNA vaccinations does not confer antibodies to SARS-CoV-2, or prevent infection, transmission or severe outcomes
- Higher vaccine rates = Higher case rates
  - Vermont, New York, UK & Scotland, Israel, India, US
  - DoD leaked documents show high fully vaccinated hospitalizations
- Case rate fatalities are higher in the vaccinated population
- All cause mortalities are up across the globe - why?
- Collecting and making accessible unbiased, unaltered and transparent data should be a priority.
- Hospitals should differentiate from severe vs. mild cases (Oxygen levels above 94 mild according to NIH).



# Legislative Recommendations

- Physician Protections
- Employee and Employer Protections
- Open up Early Treatment Centers in State Immediately
  - Therapeutics
  - Monoclonal Antibodies
- Demand Citizens know Ingredients in Vaccines (Actual Informed Consent)
- Delineate Definitions for Accurate Recording of Information
- Protect the Children (0-17 yr olds)
- Panel of Independent Medical Experts and Community Members for State that have access to the public. (Advisory Committee on Covid-19).
- Ban C19 vaccine mandates and passports across all sectors in Oklahoma

Remember who remains exempt?

- U.S. Congress, House and Senate
- USPS Employees



Benjamin Rush

Unless we put medical freedom into the Constitution, the time will come when medicine will organize into an undercover dictatorship to restrict the art of healing to one class of Men and deny equal privileges to others; the Constitution of the Republic should make a Special privilege for medical freedoms as well as religious freedom.

AZ QUOTES

# REFERENCES

- References Not In Presentation Are Available Upon Request (Information Overload).