

New Zealand Fudged the Data on How the Kidneys Fare After the COVID Vaccines

The New Zealand govt chopped nearly in half the number of reported kidney injuries, post-mRNA vaccine, from Jan to Aug 2023. Here also are 50 different types of injuries to the kidneys seen post-vax.

By [Dr. Colleen Huber](#)

Global Research, January 10, 2024

[The Defeat Of COVID](#) 2 January 2024

Region: [Oceania](#)

Theme: [Science and Medicine](#)

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In a January 2023 preprint in The Lancet, the New Zealand government released a study showing a 70 percent increased rate of kidney injury following two doses of Pfizer mRNA vaccines. Even more telling of injury was the dose-dependent effect. That is, one dose of Pfizer showed a 60 percent increased rate of injury within three weeks post-injection, while two doses showed a 70 percent increased rate of injury three weeks post-injection. "Acute kidney injury" was not defined by the authors but is understood in a clinical setting to include measurable changes in lab results and/or serious signs and symptoms such as bleeding, pain with urination, kidney stones, nephritis, nephrotic syndrome, or other renal dysfunction.

The data were drawn from a national database of over 4 million people over the age of 5 who had received the Pfizer vaccines. This number represented 95 percent of New Zealand adults and teenagers.

Compared to historical background rates of kidney injury, the following changes in acute kidney injuries were found *in the original article*, as shown in this screenshot.

Table 2. Age-adjusted incidence rate ratios (95% confidence intervals) of prespecified AESI in the 21 days following the first and second dose of the BNT162b2 vaccine, 19 February 2021 to 10 February 2022, New Zealand						
Adverse Event	No. Doses administered	Person years	Observed events	Expected events ^a	Incidence Rate Ratio (95% CI)	Risk Difference (95% CI) (per 100,000 persons)
Acute Kidney Injury						
First dose	4197826	90962276	2279	1446.2	1.6 (1.5– 1.6)	19.2 (17.1– 21.4)
Second dose	3926047	86025950	2370	1424.9	1.7 (1.6– 1.7)	23.1 (20.7– 25.4)

These alarming results of vastly increased kidney injury were published in the abstract of the original article, and here are two screenshots from the January 2023 version of the abstract of that article: [1]

Adverse Events Following the BNT162b2 mRNA COVID-19 Vaccine (Pfizer-BioNtech) in Aotearoa New Zealand

19 Pages • Posted: 20 Jan 2023

Muireann Walton

Government of New Zealand - Ministry of Health

Vadim Pletzer

Government of New Zealand - Ministry of Health

More...

Abstract

Background: In February 2021, New Zealand began its largest ever immunisation programme with the BNT162b2 mRNA COVID-19 vaccine. We aimed to understand the association between 12 adverse events of special interest (AESIs) and a primary dose of BNT162b2 in the New Zealand population, aged ≥ 5 years, from 19 February 2021 through 10 February 2022.

Methods: Using national electronic health records, the observed rates of AESIs within a risk period (0–21 days) following vaccination were compared to the expected rates based on background data (2014–2019). The incidence rate ratio (IRR) for each AESI was estimated with 95% confidence intervals (CI) and adjusted by age. The risk difference was calculated to estimate the excess number of events per 100,000 persons vaccinated.

Findings: As of 10 February 2022, 4,277,163 first and 4,114,364 second doses of BNT162b2 were administered to the eligible New Zealand population, aged ≥ 5 years. The observed rates of most AESIs post-vaccination were not statistically different than the expected rates. The IRR (95% CI) of myo/pericarditis following the first dose was 2.6 (2.2– 2.9) with a risk difference (95% CI) of 1.6 (1.1– 2.1) per 100,000 persons vaccinated and was 4.1 (3.7– 4.5) with a risk difference of 3.2 (2.6– 3.9) per 100,000 persons vaccinated following the second dose. The highest IRR was 25.8 (95% CI 15.6– 37.9) in the 5–19 years age group, following the second dose of the vaccine, with an estimated 5 additional myo/pericarditis cases per 100,000 persons vaccinated. An increased incidence of acute kidney injury (AKI) was observed following the first (1.6 (1.5– 1.6)) and second (1.7 (1.6– 1.7)) dose of BNT162b2.

Now let's zoom in on the last two sentences:

None of the above is now available online anymore, except through web archives.

The full paper does not seem to be available anymore anywhere, just the abstract, and the [following is what appears](#) when you click on the link that worked back in January:



The original full article seems to no longer be available on the internet, but I still have the above screenshots. Journalist Alex Berenson wrote a summary of the original article. [2]

Hiding the Data in New Zealand

Then a strange thing happened to the New Zealand data. Not only did the above paper disappear, but the numbers of reported acute kidney injuries were cut nearly in half. Here is what the [same table now shows](#), from the same-titled paper, by the same authors, since August 2023, [3] at this link:

Table 2

SIRs (95% CIs) of prespecified AESIs in the 21 days following the first and second dose of the BNT162b2 vaccine, 19 February 2021–10 February 2022, New Zealand

AESI	No. of participants	Person days	Observed events	Expected events ^a	SIR (95% CI)	Risk difference (95% CI) [per 100,000 persons]
Acute kidney injury						
First dose	4,177,045	90,510,885	1301	1409.4	0.9 (0.9–1.0)	–2.5 (–4.2 to –0.8)
Second dose	3,902,566	85,517,178	1381	1387.6	1.0 (0.9–1.0)	–0.2 (–2.0 to 1.7)

Suddenly, from January to August 2023, the observed acute kidney injury (AKI) events now are only 57 percent and 58 percent, respectively, of the originally reported AKI events. As a result, the data shown in August look like the Pfizer vaccine made no difference or even implied a slight benefit, whereas the data published seven months earlier had shown an alarming increase in acute kidney injuries postvaccine.

Also, in the August 2023 revision, the reported number of those who had received the first dose was reduced by about 100,000, and the number of those receiving the second dose was reduced by over 200,000.

During the time period of the study, Feb. 19, 2021, to Feb. 10, 2022, New Zealand had relatively low rates of COVID-19, as seen in the chart below. [4] The curve below took a vertical turn on Feb. 11, 2022, which was the day after the New Zealand government authors of the paper stopped collecting data. Until that dramatic turn, daily new confirmed COVID cases in New Zealand remained near zero.

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.

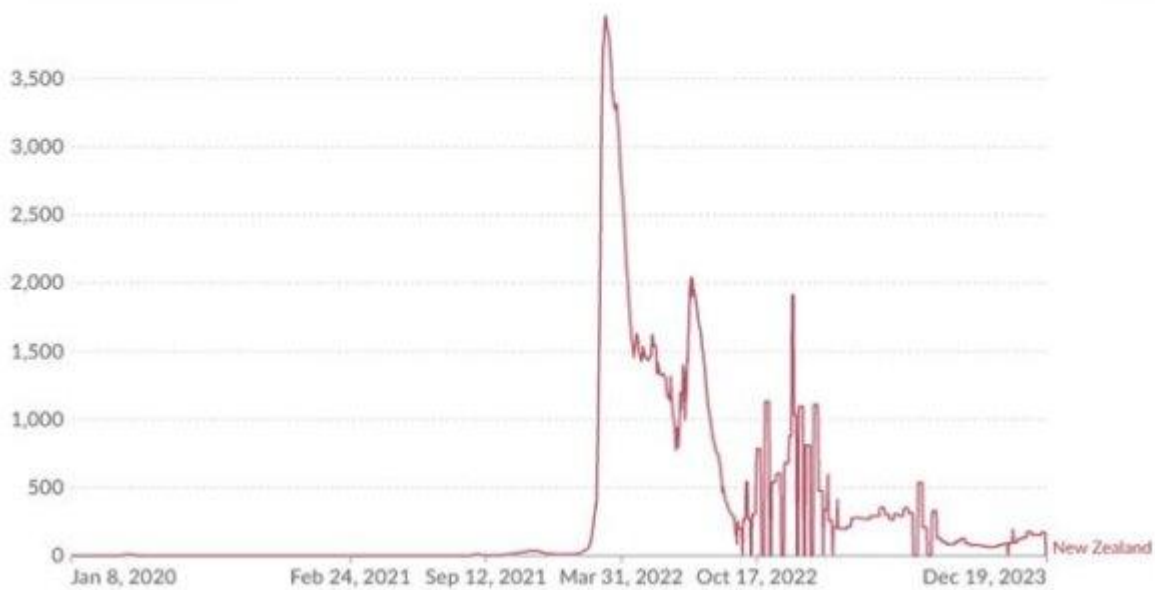
Our World
in Data

Table

Map

Chart

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So it is not plausible to attribute the kidney injuries seen in New Zealand post-COVID vaccines to COVID-19 infection.

How Do the mRNA Vaccines Injure the Kidneys?

The following list of kidney injuries and disorders were observed in the Pfizer clinical trials. [5] Pfizer listed the following urinary tract injuries seen in the Pfizer clinical trials in its "Appendix 1: List of adverse events of special interest."

From the Pfizer list of over 1,200 types of injuries, I pulled out the syndromes and injuries observed in the Pfizer trials that were specifically related to, or consequent to injuries to, the kidneys, and/or syndromes and injuries that affected the kidneys more than any other organ. I found 40 such disease conditions. They are as follows:

1. 2-Hydroxyglutaric aciduria.
2. Acute kidney injury.
3. Anti-glomerular basement membrane antibody positive.
4. Anti-glomerular basement membrane disease.
5. Autoimmune nephritis.
6. Bilirubin urine present.
7. C1q nephropathy.
8. Chronic autoimmune glomerulonephritis.
9. Cryoglobulinaemia.
10. Dialysis amyloidosis.
11. Fibrillary glomerulonephritis.
12. Glomerulonephritis.
13. Glomerulonephritis membranoproliferative.

14. Glomerulonephritis membranous.
15. Glomerulonephritis rapidly progressive.
16. Goodpasture syndrome.
17. Henoch Schonlein purpura nephritis.
18. IgA nephropathy.
19. IgM nephropathy.
20. Immune-mediated nephritis.
21. Immune-mediated renal disorder.
22. Lupus nephritis.
23. Mesangioproliferative glomerulonephritis.
24. Nephritis.
25. Nephrogenic systemic fibrosis.
26. Paroxysmal nocturnal hemoglobinuria.
27. Renal amyloidosis.
28. Renal arteritis.
29. Renal artery thrombosis.
30. Renal embolism.
31. Renal failure.
32. Renal vascular thrombosis.
33. Renal vasculitis.
34. Renal vein embolism.
35. Renal vein thrombosis.
36. Scleroderma renal crisis.
37. Tubulointerstitial nephritis and uveitis syndrome.
38. Urine bilirubin increased.
39. Urobilinogen urine decreased.
40. Urobilinogen urine increased.

Here is a list of 10 other injuries and syndromes observed postvaccine in the Pfizer trial that involve the kidneys but are not exclusive to them. These often affect and damage the kidneys, but I did not include them on the above list since they are not specific to the kidneys. They are as follows:

1. ANCA vasculitis.
2. Diffuse vasculitis.
3. Disseminated intravascular coagulation.
4. Granulomatosis with polyangiitis.
5. Polyarteritis nodosa.
6. Pulmonary renal syndrome.
7. Systemic lupus erythematosus.
8. Systemic scleroderma.
9. Thrombotic microangiopathy.
10. Type III immune complex-mediated hypersensitivity syndrome.

More than 1,200 different adverse events of special interest were observed and reported in the Pfizer clinical trials. Here is a screenshot of just those related to disorders of the glomeruli, the fine filtering units throughout the kidneys—over a half million in each kidney—that separate blood from urine:

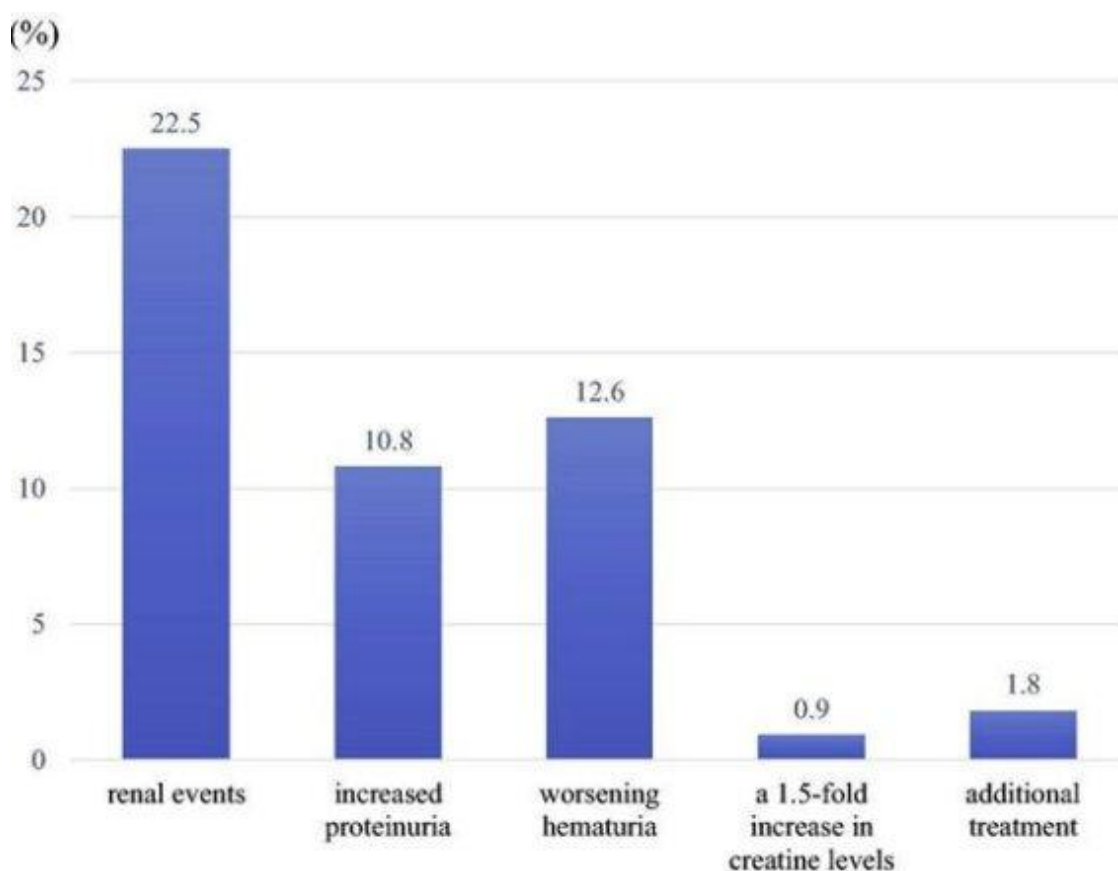
Other Findings of Kidney Injury Post-COVID Vaccination

Post-COVID vaccine renal events were recorded in a study of 111 patients with previously biopsy-proven glomerulonephritis and two prior mRNA vaccine doses. [6]

The authors found that 22.5 percent of vaccinated patients experienced new-onset or relapse of glomerulonephritis or other renal events following COVID vaccination. Additionally, 10.8 percent had increased proteinuria, 12.6 percent had worsening hematuria, and 0.9 percent had creatinine values 150 times what is normal or worse.

No difference was found between the Pfizer-vaccinated and Moderna-vaccinated with respect to renal events.

The study found the following:



Graph: Y Ota, et al. Association between COVID-19 vaccination and relapse of glomerulonephritis.

[Source](#)

That study did not discuss the time elapsed from vaccination to glomerulonephritis pathology. This smaller study of 13 patients found that the median time of onset was one week after the first dose and four weeks after the second dose. [7] The patients typically presented with acute kidney injury, edema, and visible blood in the urine.

Several reports of minimal change disease appear in the peer-reviewed literature. [8] [9] [10] [11] [12] [13] [14] Most of those cases occurred within several days of receiving a mRNA COVID vaccine, usually after the second dose, sometimes after the third dose. [15] It has also been seen following the AstraZeneca COVID vaccine. [16]

Minimal change disease is not one of the conditions noted in the Pfizer adverse events list. It is an insidious kidney disorder that is so named for the very subtle changes in the glomeruli filtration, which leaves gaps in filtration. Nephrotic syndrome results, in which proteins leak through the gaps from the blood into the urine, and then systemic effects of hypoproteinemia result.

Other kidney diseases observed following COVID vaccination include the following:

- Visible blood in the urine (hematuria) within hours after vaccination. [17]
- Membranous nephropathy. [18]
- Membranoproliferative glomerulonephritis. [19]
- ANCA glomerulonephritis. [20]
- ANCA vasculitis. [21]
- IgA nephropathy in children. [22]

Magnetic resonance urography is shown below in an MRI image of the kidneys and proximal ureters (photo from OHSU).



[Source](#)

We can appreciate in the above photo that the fan shape of a kidney allows lots of surface area peripherally for maximum fine filtration of blood to urine, and the collecting ducts gather centrally toward the minor calyces, major calyces, and then finally, the renal pelvis, to effectively drain off urine with downward flow, gravity-assisted. Hence the fanned “kidney bean” shape.

If You Think the Kidneys Were Hit Hard...

After an extensive review of the medical literature over the last three years, since the onset of mass COVID vaccination campaigns, I can say with confidence that the medical literature reveals many fewer victims of kidney injuries following these vaccines than of other types of bodily injuries. Other bodily organs have fared far worse than the kidneys for most of the victims. Most notable and now well-known are the myocarditis and other cardiovascular injuries, for which I described the mechanisms of injury and the ubiquity among the COVID-vaccinated population, [23] as well as brain injuries, [24] among others.

Future vaccines must be screened thoroughly for risk to kidneys and other organs before use in adults, and then only with fully detailed and uncoerced informed consent. Clearly, such toxic products as mRNA injections must never be used in children at all and must never be made a condition of work or study for anyone.

*

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Dr. Colleen Huber is an Author, The Defeat Of COVID, Manifesto for a Cancer Patient, and Choose Your Foods Like Your Life Depends On Them, all on Amazon. Naturopathic Medical Doctor (NMD) x 15 years.

Notes

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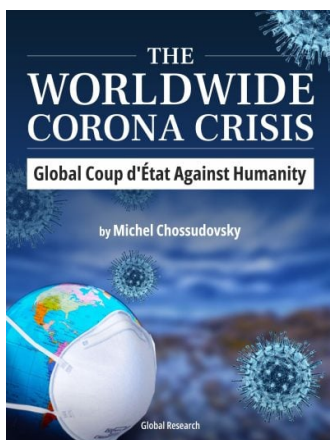
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Featured image [source](#)



The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

by Michel Chossudovsky

Michel Chossudovsky reviews in detail how this insidious project “destroys people’s lives”. He provides a comprehensive analysis of everything you need to know about the “pandemic” — from the medical dimensions to the economic and social repercussions, political underpinnings, and mental and psychological impacts.

“My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the “deadly” COVID-19 “vaccine”. This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument.”

Reviews

This is an in-depth resource of great interest if it is the wider perspective you are motivated to understand a little better, the author is very knowledgeable about geopolitics and this comes out in the way Covid is contextualized. —Dr. Mike Yeadon

In this war against humanity in which we find ourselves, in this singular, irregular and massive assault against liberty and the goodness of people, Chossudovsky’s book is a rock upon which to sustain our fight. —Dr. Emanuel Garcia

In fifteen concise science-based chapters, Michel traces the false covid pandemic, explaining how a PCR test, producing up to 97% proven false positives, combined with a relentless 24/7 fear campaign, was able to create a worldwide panic-laden “plandemic”; that this plandemic would never have been possible without the infamous DNA-modifying Polymerase Chain Reaction test – which to this day is being pushed on a majority of innocent people who have no clue. His conclusions are evidenced by renown scientists.
—Peter Koenig

Professor Chossudovsky exposes the truth that “there is no causal relationship between the virus and economic variables.” In other words, it was not COVID-19 but, rather, the deliberate implementation of the illogical, scientifically baseless lockdowns that caused the shutdown of the global economy. –David Skripac

A reading of Chossudovsky’s book provides a comprehensive lesson in how there is a global coup d’état under way called “The Great Reset” that if not resisted and defeated by freedom loving people everywhere will result in a dystopian future not yet imagined. Pass on this free gift from Professor Chossudovsky before it’s too late. You will not find so much valuable information and analysis in one place. –Edward Curtin

ISBN: 978-0-9879389-3-0, Year: 2022, PDF Ebook, Pages: 164, 15 Chapters

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