Vaccine Casualties: Is the CDC Hiding the Real Numbers?

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As of May 14, 2021, in the US, 227,805 COVID vaccine adverse events, 12,625 COVID vaccine hospitalizations, and 4,201 COVID vaccine deaths have been reported to VAERS... but the true number may be magnitudes higher.

The Vaccine Adverse Events Reporting System (VAERS) is the post-marketing surveillance system the FDA asks healthcare professionals to report adverse vaccine events to. The system is passive, meaning: when a healthcare professional recognizes a connection between an adverse event and a vaccine, the report is only made when they choose to take the time out of their day to record it.

In 2010, Harvard Medical School was granted $1 million by the US Department of Health and Human Services to investigate VAERS to see how efficient it is and to create a new automated monitoring system. They analyzed data by creating an automated system within their own Harvard Medical System. Their report, titled: *Electronic Support for Public Health – Vaccine Adverse Event Reporting System* found that *"fewer than 1% of vaccine adverse events are reported to VAERS."*

As brilliantly efficient as Harvard's newly created automated system was, it was never adopted by the country as planned. As Harvard stated in their final report, *"Unfortunately, there was never an opportunity to perform system performance assessments because the necessary CDC contacts were no longer available and the CDC consultants responsible for receiving data were no longer responsive to our multiple requests to proceed with testing and evaluation."* So basically, upon learning of how few adverse vaccine reactions were actually reported to VAERS, the CDC (whose job it is to monitor disease and adverse reactions) chose not to accept a solution to the under-reporting problem.

Ten years later, despite the US government promising they would have a better safety monitoring system (known as BEST) up and running time for the COVID jab (it's still in the "developmental stages"), the problem of fewer than 1% of adverse vaccine events being reported persists.

According to VAERS, there's only 4.7 cases of anaphylaxis per million doses of the Pfizer

vaccine and 2.5 cases of anaphylaxis per million doses of the Modena vaccine. But an article in JAMA found a wildly different result. The article, titled *Acute Allergic Reactions to mRNA COVID-19 Vaccines,* studied Mass General Brigham employees who received their first dose of an mRNA COVID-19 vaccine (half received Pfizer and half received Moderna). Of the 52,805 participant employees who received their COVID-19 vaccine, they found that "98% did not have any symptoms of an allergic reaction after receiving an mRNA vaccine. The remaining 2% reported some allergic symptoms" however, severe reactions consistent with anaphylaxis occurred at a rate of 250 per million -100 times the VAERS rate!

So, now it appears VAERS only catches roughly 1% of anaphylactic reactions to the COVID mRNA vaccines -despite the fact that anaphylaxis is a reaction that is quite easy to spot (since the symptoms are severe) and easy to link to the vaccine (since symptoms typically arise within 30 minutes of the jab). The blood clotting disorder linked to the AstraZeneca vaccine, known as VITT, is also quite easy to catch since the condition does not occur naturally (previously the condition was only seen in gene therapies and as a reaction to certain medications). But what about complications that are less easy to spot? Heart inflammation, dementia, and infertility are all conditions that some experts suspect a COVID-19 vaccine may trigger. The slow onset of some conditions, along with the passive reporting system currently in place, may mean these complications won't come to light in time.

Not only does the CDC seem uninterested in uncovering the true number of adverse vaccine reactions, the CDC also appears to have little interest in learning of the true effectiveness of the vaccine.

The CDC has been recording "breakthrough infections," which are cases where a person tests positive for SARS-Cov-2 ≥14 days after they have completed all recommended doses of a COVID-19 vaccine. According to the CDC, the data is recorded to "help identify patterns and look for signals among vaccine breakthrough cases."

For a long time, we've known that actual vaccine breakthrough numbers are likely higher than reported, as the surveillance system is passive and relies on voluntary reporting from state health departments, and may not be complete. In addition, some breakthrough cases will not be identified due to lack of testing (since most people don't continue getting tested after they've been vaccinated). But recently, the "breakthrough" infection" numbers have been under-documented for an all-new reason.

Effective May 14, 2021, the CDC announced a change to their criteria in reporting breakthrough cases. According to a statement on the CDC's website, the agency said to help "maximize the quality of the data collected on cases of greatest clinical and public health importance" it will stop recording COVID breakthrough infections unless they result in hospitalization or death (whereas unvaccinated individuals who test positive for COVID-19 still count as a "case" even if they are asymptomatic).

Additionally, in April of this year, the CDC issued new guidance to laboratories recommending a reduction of the PCR test's Ct (cycle threshold) value to 28 cycles (from 40 cycles), but only for fully vaccinated individuals being tested for COVID.

Both changes will result in lower overall numbers of reports of *"breakthrough cases"* in the U.S.

The change in Ct value, for instance, will make the tests wildly less sensitive for vaccinated people, while keeping the tests overly sensitive for unvaccinated people. According to the European Journal of *Clinical Microbiology & Infectious Disease,* patients who test positive with a Ct above 33 are not truly infected (meaning they are not contagious or symptomatic, and carry barely any virus). An investigative piece by *The New York Times* revealed that 90% percent of people testing positive did not test positive until after 30 Ct (meaning 90% of "cases" carried barely any virus or were false positives.) So, the CDC's decision will artificially deflate the amount of "breakthrough cases" (by well over 90%) in comparison to unvaccinated individuals.

It is quite clear that the CDC has a goal of decreasing vaccine hesitancy in the general public by creating the illusion that the COVID-19 vaccines are performing better than they truly are. We keep hearing from officials that the vaccines are "safe and effective," but how could we possibly know this when the CDC seems concerningly disinterested in recording both adverse vaccine reactions and vaccine efficacy. The truth is: we don't know much about these vaccines and the system is set up in a way that prevents us from uncovering true numbers.

It may be that people are not getting vaccinated "because science," they are getting vaccinated "because $cience."

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