

## Adverse Event Reporting System

As of February 4, 2021, the U.S. Vaccine Adverse Event Reporting System (VAERS) had received 12,697 injury reports and 653 deaths following COVID-19 vaccination.<sup>1</sup>

Of the cases reported between December 14, 2020, and February 4, 2021, 3.69% were life threatening and the number of deaths account for 5.14% of the total reports. The Pfizer vaccine accounted for 58% of deaths; Moderna's accounted for 41%.

What's more, when you look at vaccine-related deaths between January 2020 and January 2021, you find that **COVID-19 vaccines account for a staggering 70% of the annual vaccine deaths, and that's while having been available for less than two months.**

The Vaccine Adverse Event Reporting System (VAERS) Results

Vaccine	Symptoms	Events Reported	Percent (of 523)
Total		599	114.53%
COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	DEATH	196	37.48%
COVID19 (COVID19 (PFIZER-BIONTECH)) (1200)	Total	196	37.48%
COVID19 (COVID19 (MODERNA)) (1201)	DEATH	173	33.08%
COVID19 (COVID19 (MODERNA)) (1201)	Total	173	33.08%
INFLUENZA (SEASONAL) (NO BRAND NAME) (44)	DEATH	49	9.37%
INFLUENZA (SEASONAL) (NO BRAND NAME) (44)	Total	49	9.37%
PNEUMO (PREVNAR13) (1141)	DEATH	23	4.40%
PNEUMO (PREVNAR13) (1141)	Total	23	4.40%
ZOSTER (SHINGRIX) (1192)	DEATH	14	2.68%
ZOSTER (SHINGRIX) (1192)	Total	14	2.68%
DTAP + HEPB + IPV (PEDIARIX) (1082)	DEATH	13	2.49%
DTAP + HEPB + IPV (PEDIARIX) (1082)	Total	13	2.49%
ROTAVIRUS (ROTATEQ) (1096)	DEATH	13	2.49%

While these numbers are staggering, they're likely only a tiny fraction of the actual number of adverse events. According to a U.S. Department of Health and Human Services study,<sup>4</sup> fewer than 1% of vaccine adverse events are ever reported to VAERS.

This would mean that there may, in reality, be over 1 MILLION COVID vaccine injuries, since 99% typically go unreported.

### Children Do Not Need This Vaccine

Considering children are at extremely low risk of severe COVID-19, and have been shown to not be a significant vector of infection,<sup>13</sup> why do children even need this vaccine? Dr. Robert Frenck, lead investigator of the COVID-19 vaccine trials at Cincinnati Children's Hospital, told ABC News:<sup>14</sup>

*"If you wipe out the infection in the younger children, they don't spread it to the adults, and so then, you can get a big handle on disease just by targeting the younger children and getting the infection out of that age group."*

This is a standard justification, but it's really little more than a mind game. In essence, children are being required to play Russian roulette with their health based on the premise that it will benefit the whole, but is it really reasonable to ask the youngest among us, who are at lowest risk from the infection, to sacrifice their health to, presumably, protect the elderly?

Studies<sup>15</sup> have shown children not only very rarely transmit the disease, either between themselves or to adults, but also, if they get the disease, they virtually never suffer any serious complications. So Frenck's argument really flies in the face of the available data. If children don't transmit the disease, how can you get "a big handle" on it by vaccinating them?

In reality, this argument appears to be designed to coerce parents into vaccinating their children even though the public benefit from doing so is minimal. Rather than being a true public health incentive, it seems the drive to vaccinate children is more about increasing profits. Additionally, early reports suggest that the elderly also have a tendency to die shortly after the inoculation,<sup>16,17</sup> which is raising suspicions and concern.

### **Adverse Effects May Take Years to Develop**

In children, the side effects are likely to be less immediately noticeable, but may instead result in future health problems. In a Microbiology & Infectious Diseases paper,<sup>18</sup> immunologist Dr. J. Bart Classen warns the mRNA jabs may instigate adverse events that take years to fully develop.<sup>19</sup>

*"One such potential adverse event is prion based diseases caused by activation of intrinsic proteins to form prions. A wealth of knowledge has been published on a class of RNA binding proteins shown to participate in causing a number of neurological diseases including Alzheimer's disease and ALS,"* Classen writes.

Since research had not been done to ascertain whether mRNA gene therapy might trigger prion-based disease, Classen conducted that study. He writes:<sup>20</sup>

*"Analysis of the Pfizer vaccine against COVID-19 identified two potential risk factors for inducing prion disease in humans. The RNA sequence in the vaccine contains sequences believed to induce TDP-43 and FUS to aggregate in their prion based conformation leading to the development of common neurodegenerative diseases.*

*In particular, it has been shown that RNA sequences GGUA, UG rich sequences, UG tandem repeats, and G Quadruplex sequences, have increased affinity to bind TDP-43 and or FUS and may cause TDP-43 or FUS to take their pathologic configurations in the cytoplasm.*

*In the current analysis, a total of sixteen UG tandem repeats ( $\Psi G \Psi G$ ) were identified and additional UG ( $\Psi G$ ) rich sequences were identified. Two GG $\Psi$ A sequences were found. G Quadruplex sequences are possibly present but sophisticated computer programs are needed to verify these.*

*The spike protein encoded by the vaccine binds angiotensin converting enzyme 2 (ACE2), an enzyme which contains zinc molecules. The binding of spike protein to ACE2 has the potential to release the zinc molecule, an ion that causes TDP-43 to assume its pathologic prion transformation."*

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