

VAERS Analysis

Weekly analysis of the
VAERS data

POSTS

Defund the CDC!!! Official DEATH Signal for Covid-19 jabs was present in VAERS just 1 month after rollout

🕒 JAN 10, 2023

“If a tree falls in a forest and no one is around to hear it, does it make a sound?”

Quick Summary:

- The CDC has been extremely negligent in following its own [protocols](#) as far as safety signal analysis for the Covid-19 shots. Their protocols state that they will perform a safety signal analysis on a weekly basis, using something called the Proportional Reporting Ratio (PRR).
- As far as anyone knows (and only because of FOIA requests by independent investigators), the CDC had not done the PRR safety signal analysis for the Covid-19 shots prior to March of 2022, which was a full 15 months after the initial rollout. **Obviously, you did not hear about any of this, because the CDC didn't do the safety analysis** (or suppressed it).
- The CDC VAERS data for death events for the Covid-19 shots triggered a safety signal for **DEATH** as early as 1/15/2021, just a month or so after the initial rollout. (At that point in time, there were 181 documented deaths in association with the Covid-19 shots.) **Obviously, you did not hear about any of this, because the CDC didn't do the safety analysis** (or suppressed it).
- If the data is age-stratified, the **DEATH** safety signal was triggered even earlier; as early as 12/30/2020 for 80+ year olds, and as early as 1/8/2021 for the 60-64, 65-79 year olds. **Once again, you did not hear about this, because the CDC didn't do the safety analysis** (or suppressed it).
- At a minimum, a further investigation should take place to determine exactly when safety signals were first generated for each of the major symptoms of special interest as identified in their published standard operating procedure (if not for all symptoms).
- It is reasonable to conclude that the CDC has been found shockingly derelict in its duty and role to protect public health, and as such **it should be obvious that the CDC should be defunded and dismantled immediately and responsible parties brought to justice.**

As the world ought to know by now, the CDC is supposed to monitor its VAERS system for safety signals which provide an early warning sign of potential problems regarding vaccines. Back in December of 2020, a new medical countermeasure for Covid-19 was thrust upon the world, an experimental gene-therapy shot which has since been conclusively shown to cause unprecedented illness, harm, and death. In January of 2021, the CDC published a document titled "[Vaccine Adverse Event Reporting System \(VAERS\) Standard Operating Procedures for](#)

WE WERE ALL VICTIM
WE WERE ALL LIED T



NO MATTER WHAT RACE, SEX,
RELIGION OR ETHNICITY YOU A
WE ARE ALL UNITED BY THIS.
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[COVID-19](#)”, which outlined the procedure it would be following to monitor the safety of these new shots for Covid-19. In section “**2.3.1. Proportional Reporting Ratio (PRR)**” of this document, it clearly states that the “*CDC will perform PRR data mining on a weekly basis or as needed.*” However, it was not until the various FOIA requests submitted by analysts like Josh Guetzkow (see [here](#) and [here](#)) and others like Zach Stieber in the independent media (see [here](#)), that the question of whether or not the CDC had followed its own published guidelines could be confidently answered. Over the period of several months, those FOIA requests revealed, not surprisingly, that the CDC had prevaricated and obfuscated about whether or not they actually performed the safety signal analyses as outlined in their document. First they said they did, then they said they didn’t, lastly they said did, but didn’t start until March 25, 2022 (which coincidentally was 3 days after Josh requested a follow-up on his FOIA request). **This is a full 15 months after the shots were first rolled out.** Given all this and the CDC’s horrendous track record over the last couple years when it comes to honesty and transparency, is it unreasonable to assume that without the FOIA requests lighting a fire under its rear end, the CDC would never have even bothered to perform these analyses?

Very recently, as a conclusion to his FOIA requests, Zach Stieber obtained the actual safety signal analysis performed by the CDC for the data between 12/14/20-7/29/22 (see [here](#) or [here](#)). This document shows a five alarm-fire of blazing safety signals triggering everywhere, 770 signals in just the 18+ demographic, for example. However, what is still a big question mark is how long these signals have actually been blaring throughout the CDC’s deafening silence. Using the CDC’s own methodology, have safety signals only been present since July of 2022 (the end of the date range for the only PRR safety analysis completed thus far by the CDC), or March of 2022 (when the CDC eventually claimed it began its PRR safety analysis), or even September of 2021 (when Josh Guetzkow initially [performed the PRR analysis](#) using CDC data obtained through an earlier FOIA request)?

It turns out that, after following the CDC’s published methodology for PRR safety signal analysis, along with rewinding the clock and looking at the VAERS data as it was being published weekly from the very beginning of the roll-out of the Covid-19 shots, there were indeed safety signals that were going off if anyone was actually listening. As defined by the CDC, the requirements that need to be met in order to trigger a valid safety signal, are highlighted below ([see here](#) pg. 16):

2.3.1 Proportional Reporting Ratio (PRR)

CDC will perform PRR data mining on a weekly basis or as needed. PRRs compare the proportion of a specific AE following a specific vaccine versus the proportion of the same AE following receipt of another vaccine (see equation below Table 4). A safety signal is defined as a PRR of at least 2, chi-squared statistic of at least 4, and 3 or more cases of the AE following receipt of the specific vaccine of interest.

CDC will apply appropriate comparator vaccines (e.g., adjuvanted vaccines like Shingrix and/or Fluad for adjuvanted COVID-19 vaccines) and adjust for severity and age distributions where applicable.

Table 4. Calculation of Proportional Reporting Ratio (PRR)

	Specific AE	All other AE
Specific vaccine	A	B
All other vaccines	C	D

$$PRR = \frac{a/(a+b)}{c/(c+d)}$$

So basically, a CDC-defined valid safety signal is triggered when all of the following conditions are met:

- a PRR >= 2;
- a Chi-squared statistic >= 4
- at least 3 cases of the adverse event in question

[Note that a discussion of whether the PRR is even a good method to evaluate safety of vaccines (it is not) is beyond the scope of this article.]

[CDC VAERS Safety Signals Summary for COVID-19 Vaccines through 1/20/2023](#)

[VAERS Summary for COVID-19 Vaccines through 1/20/2023](#)

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2022

Below we will be using US Data from VAERS only. As you can see below, when comparing the Covid-19 shots to all other vaccines combined (without stratifying by age group), **an overall safety signal for DEATH was triggered as early as 1/15/2021, basically 1 month after the initial roll-out.** The rows highlighted in yellow indicate a valid safety signal.

Date	VaxType	Age Group	Count AEs	Count Deaths	Ratio Death/Aes	PRR	Chi-square
12/18/2020	Covid19	All	353	0	0	0.00	
12/18/2020	Non-Covid19	All	701,437	4,867	0.006938613		
12/24/2020	Covid19	All	1,156	0	0	0.00	
12/24/2020	Non-Covid19	All	702,565	4,871	0.006933166		
12/30/2020	Covid19	All	3,908	11	0.002814739	0.41	9.59
12/30/2020	Non-Covid19	All	703,146	4,871	0.006927438		
1/7/2021	Covid19	All	6,741	55	0.008159027	1.18	1.46
1/7/2021	Non-Covid19	All	703,366	4,874	0.006929536		
1/15/2021	Covid19	All	7,804	148	0.018964634	2.74	159.46
1/15/2021	Non-Covid19	All	703,685	4,876	0.006929237		
1/22/2021	Covid19	All	9,794	285	0.029099449	4.19	659.69
1/22/2021	Non-Covid19	All	703,840	4,884	0.006939077		
1/29/2021	Covid19	All	11,194	453	0.040468108	5.82	1669.20
1/29/2021	Non-Covid19	All	703,923	4,891	0.006948203		
2/5/2021	Covid19	All	12,639	602	0.047630351	6.85	2700.00
2/5/2021	Non-Covid19	All	703,927	4,893	0.006951005		

When you compare the Covid-19 shots to the Flu or Shingrix vaccines (which are suggested as appropriate comparator vaccines in the document), you get safety signals even earlier, on 1/7/2020:

Date	VaxType	Age Group	Count AEs	Count Deaths	Ratio Death/Aes	PRR	Chi-square
1/7/2021	Covid19	All	6741	55	0.008159027	3.78	86.16
1/7/2021	Shingrix (VARZOS)	All	82,084	177	0.002156328		
1/15/2021	Covid19	All	7804	148	0.018964634	2.84	157.38
1/15/2021	Flu	All	173026	1156	0.006681077		

Furthermore, as you can see below, when you break things down by age group, we find that the DEATH safety signal also was triggered earlier. On 12/30/2020, the Covid-19 shots triggered a safety signal for DEATH for those in the 80+ age group. On 1/7/2021, safety signals for DEATH were triggered for age groups above 60. [Note that these early signals being found in the older age groups aligns well with the fact that the initial rollout was targeted primarily to the elderly.]

Date	VaxType	Age Group	Count AEs	Count Deaths	Ratio Death/Aes	PRR	Chi-square
12/30/2020	Covid19	80+ Years	31	7	0.225806452	10.97	63.34
12/30/2020	Non-Covid19	80+ Years	14818	305	0.020583075		
1/7/2021	Covid19	60-64 Years	440	5	0.011363636	3.49	8.51
1/7/2021	Non-Covid19	60-64 Years	32549	106	0.003256628		

Date	VaxType	Age Group	Count AEs	Count Deaths	Ratio Death/Aes	PRR	Chi-square
1/7/2021	Covid19	65-79 Years	259	14	0.054054054	9.89	109.03
1/7/2021	Non-Covid19	65-79 Years	81036	443	0.005466706		
1/7/2021	Covid19	80+ Years	84	32	0.380952381	18.52	491.08
1/7/2021	Non-Covid19	80+ Years	14827	305	0.020570581		
1/15/2021	Covid19	50-59 Years	1411	13	0.009213324	2.35	9.48
1/15/2021	Non-Covid19	50-59 Years	51465	202	0.003924998		
1/15/2021	Covid19	60-64 Years	510	13	0.025490196	5.57	45.07
1/15/2021	Non-Covid19	60-64 Years	32568	149	0.004575043		
1/15/2021	Covid19	65-79 Years	345	37	0.107246377	13.08	394.39
1/15/2021	Non-Covid19	65-79 Years	81098	665	0.008199956		
1/15/2021	Covid19	80+ Years	158	72	0.455696203	13.54	759.95
1/15/2021	Non-Covid19	80+ Years	14831	499	0.033645742		

All the data for the figures above is viewable and downloadable in an excel file linked at the bottom of this post. While the data for the figures above use all of the non-Covid vaccine data available since 1990 for the calculations, the CDC’s own recently released PRR analysis used data only starting from 1/1/2009 as the basis for the non-Covid vaccine data. If we redo these calculations to match the CDC’s 1/1/2009 start date for non-Covid vaccine data, we find that the PRRs for the safety signals increase approximately 40-60%, actually making the Covid shots look worse. Details can be seen in the excel file below.

More needs to be done here. Ideally, at the very least, we should know exactly when the PRR safety signals were first triggered for all of the major symptoms identified as “Adverse Events of Special Interest” in the CDC’s SOP document. The PRR safety signal analysis which is not being done by the CDC can actually be done by anyone who is at least somewhat numerically inclined. The [Medalerts.org Wayback Machine](https://www.medalerts.org/wayback-machine/) (hat’s off to its creator who’s provided such a stellar tool) can rewind time for you so that you can query the VAERS data from the past in its original state as it was being published weekly.

The CDC needs to be defunded and dismantled immediately. The CDC needs to voluntarily abdicate whatever “authority” it thinks it previously had. It is time for the vast and growing numbers of independent and free-thinking scientists/docs, data analysts, and citizen journalists who know what is going on (and who actually have at least an ounce of integrity) to take the reins of public health, as they can do no worse.

At this point, we have a conflagration bigger than any massive forest fire anyone’s ever seen, while the people at the CDC charged with putting out the fire seemingly have their heads planted firmly in the sand or are on permanent siesta. Perhaps a tree that falls in the forest doesn’t make a sound if no one is there to hear it, but when you set a whole forest ablaze with plentiful fuel for the fire, the smoke and smell of destruction and death is eventually noticed...

Here is a spreadsheet showing the data for all the figures above, mostly obtained directly from the Wayback machine, is attached below (data on 4th tab was generated separately).

	A	B	C	D	E	F	G
1	(Using All Non-Covid19 Data from 1990-)						
2	Date of VAERS Release	VaxType	Age Group	Count AEs	Count Deaths	Ratio Death/AEs	PRR
3	18/12/2020	Covid19	All	353	0	0	
4	18/12/2020	Non-Covid19	All	701,437	4,867	0.006938613	
5	24/12/2020	Covid19	All	1,156	0	0	
6	24/12/2020	Non-Covid19	All	702,565	4,871	0.006933166	
7	30/12/2020	Covid19	All	3,908	11	0.002814739	
8	30/12/2020	Non-Covid19	All	703,146	4,871	0.006927438	
9	07/01/2021	Covid19	All	6,741	55	0.008159027	
10	07/01/2021	Non-Covid19	All	703,366	4,874	0.006929536	
11	15/01/2021	Covid19	All	7,804	148	0.018964634	
12	15/01/2021	Non-Covid19	All	703,685	4,876	0.006929237	
13	22/01/2021	Covid19	All	9,794	285	0.029099449	
14	22/01/2021	Non-Covid19	All	703,840	4,884	0.006939077	
15	29/01/2021	Covid19	All	11,194	453	0.040468108	
16	29/01/2021	Non-Covid19	All	703,923	4,891	0.006948203	
17	05/02/2021	Covid19	All	12,639	602	0.047630351	
18	05/02/2021	Non-Covid19	All	703,927	4,893	0.006951005	
19							
20	07/01/2021	Covid19	All	6741	55	0.008159027	
21	07/01/2021	Shingrix (VARZOS	All	82,084	177	0.002156328	
22							
23	15/01/2021	Covid19	all	7804	148	0.018964634	
24	15/01/2021	Flu	all	173026	1156	0.006681077	

< > ☰ **Deaths All Ages** Deaths By Age chi-sq calc +

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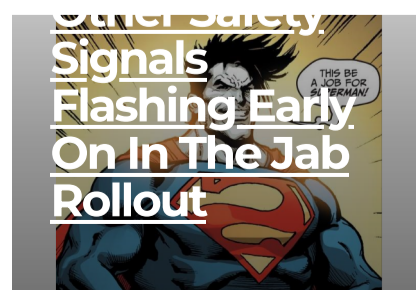
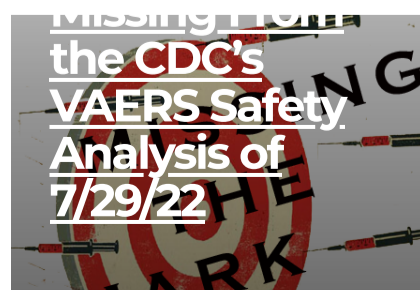


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5 thoughts on “Defund the CDC!!! Official DEATH Signal for Covid-19 jabs was present in VAERS just 1 month after rollout”



gseattle says:

[January 13, 2023 at 6:00 pm](#)

Normally I try not to be judgemental but I'm going to have to apply a couple of labels to this:

Well-done.

Irrefutable.

Appreciated.

[REPLY](#)

Peter Halligan says:

[January 13, 2023 at 9:01 pm](#)

Excellent work. A “go to” reference point. I guess taking on EUDRA data would be a “bridge too far”?

EUDRA is a pig to analyse, but it does have the breakdown between manufacturers and doses – it is just very hard to extract without the relevant resources and skills.

I got this reply from EUDRA to some questions I asked it.

“The official source of information for the public on adverse reactions in the EU is the European Database of suspected Adverse Reactions (<http://www.adrreports.eu>), which shows reports that are sent to EudraVigilance, the EU database used for monitoring and analysing suspected side effects.

On the adrreports website, once you have selected a vaccine, you can find the number of fatalities for a selected reaction under the 6th tab (Number of Individual Cases for a selected Reaction), in the Outcomes section.

However, please note that the sum of the number of fatal cases per reaction will always be higher than the total number of fatal cases. This is because this website provides the number of cases reported as fatal for specific reactions groups (e.g., cardiac disorders) and for specific reactions (e.g., myocardial infarction), and one individual case often contain more than one suspected side effect.

EMA therefore publishes overall figures in the safety update reports – see section How safety is monitored on page 8 at the following link:

https://www.ema.europa.eu/en/documents/covid-19-vaccine-safety-update/covid-19-vaccines-safety-update-10-november-2022_en.pdf

You have to enter one vaxx at a time using the EU brand names, there is the complication that reports MIGHT be whatever the EMA defines as “spontaneous” like this from the EMA:

“As of 26 October 2022, EudraVigilance contained the following:

Comirnaty (Pfizer/BioNTech): a total of 948,424 cases (plus 1,661 cases relating to Comirnaty bivalent vaccines) of suspected side effects spontaneously reported from EU/EEA countries; 8,321 of these reported a fatal outcome (plus 21 relating to Comirnaty bivalent vaccines) (by 12 October 2022, about 672 million doses of Comirnaty had been given to

people in the EU/EEA – plus over 7 million doses of Comirnaty bivalent vaccines);

COVID-19 Vaccine (inactivated, adjuvanted) Valneva (Valneva): 1 case of suspected side effects spontaneously reported from EU/EEA countries; there was no fatal outcome (by 12 October 2022, about 2,400 doses of COVID-19 Vaccine had been given to people in the EU/EEA);

Jcovden (Janssen): a total of 58,226 cases of suspected side effects spontaneously reported from EU/EEA countries; 336 of these reported a fatal outcome (by 12 October 2022, about 19.4 million doses of Jcovden had been administered to people in the EU/EEA);

Nuvaxovid (Novavax): a total of 1,398 cases of suspected side effects spontaneously reported from EU/EEA countries; there was no fatal outcome (by 12 October 2022, about 291,000 doses of Nuvaxovid had been administered to people in the EU/EEA);

Spikevax (Moderna): a total of 263,598 cases (plus 1,507 cases relating to Spikevax bivalent vaccines) of suspected side effects spontaneously reported from EU/EEA countries; 1,146 of these reported a fatal outcome (plus 5 relating to Spikevax bivalent vaccines) (by 12 October 2022, about 158 million doses of Spikevax had been given to people in the EU/EEA – plus over 180,000 doses of Spikevax bivalent vaccines);

Vaxzevria (AstraZeneca): a total of 320,860 cases of suspected side effects spontaneously reported from EU/EEA countries; 1,576 of these reported a fatal outcome (by 12 October 2022, about 69 million doses of Vaxzevria had been given to people in the EU/EEA).”

People at VaccineImpact.com put this out a while ago, so they know it, but I think they “subcontract” irregularly.

<https://vaccineimpact.com/2022/48817-dead-and-5107883-injured-following-covid-19-vaccines-in-european-database-of-adverse-reactions/>

Anyways, keep up the great work – much appreciated.

REPLY



gseattle says:

[January 14, 2023 at 11:03 am](#)

That last paragraph is a first look for me on the European Medicines Agency at europa .eu report of disastrous figures I was unaware of. If it also exists in table form, I would like to know.

Thought you might be interested in seeing whether these vetted pulmonary clot numbers from VAERS make sense (I didn't find any pulmonary focus yet at vaccineimpact .com so it might round out some of the info there):

<https://deepdots.substack.com/p/13585-pulmonary-embolism-reports>

That pdf at europa .eu includes heavy menstrual bleeding with ‘menstr’ mentioned 26 times. What a coincidence, also a side effect of gonacon and pzp mammal sterilization chemicals. Not like humans are an invasive species at 385,000 new babies per day or anything that might have the keepers on this human farm wanting to manage their fertility but oddly, the ‘vet’ section of europa .eu has no mention of those two overwhelmingly main and popular and successful

immunocontraceptives for some 31 other mammals aside from humans. To inject humans with them just wouldn't be practical, that would require some sort of fear campaign to get them to line up for it.

REPLY



Linda Bennett says:

[January 13, 2023 at 9:49 pm](#)

Steve, You are simply brilliant brilliant brilliant. — — — A leader and a champion

REPLY



Surak says:

[January 14, 2023 at 10:22 pm](#)

I just calculated p-values for your chi-squared statistics in your spreadsheet. Write to me if you want the details. Your smallest chi-squared statistic on a yellow line is 86.16, for 1/7/2021, all ages, years 1990-present. The corresponding $p = 1.66E-20$. I think we can agree that is significant! Other p-values report as 0 ($< 1E-999$). This is great work.

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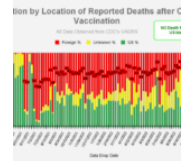
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