

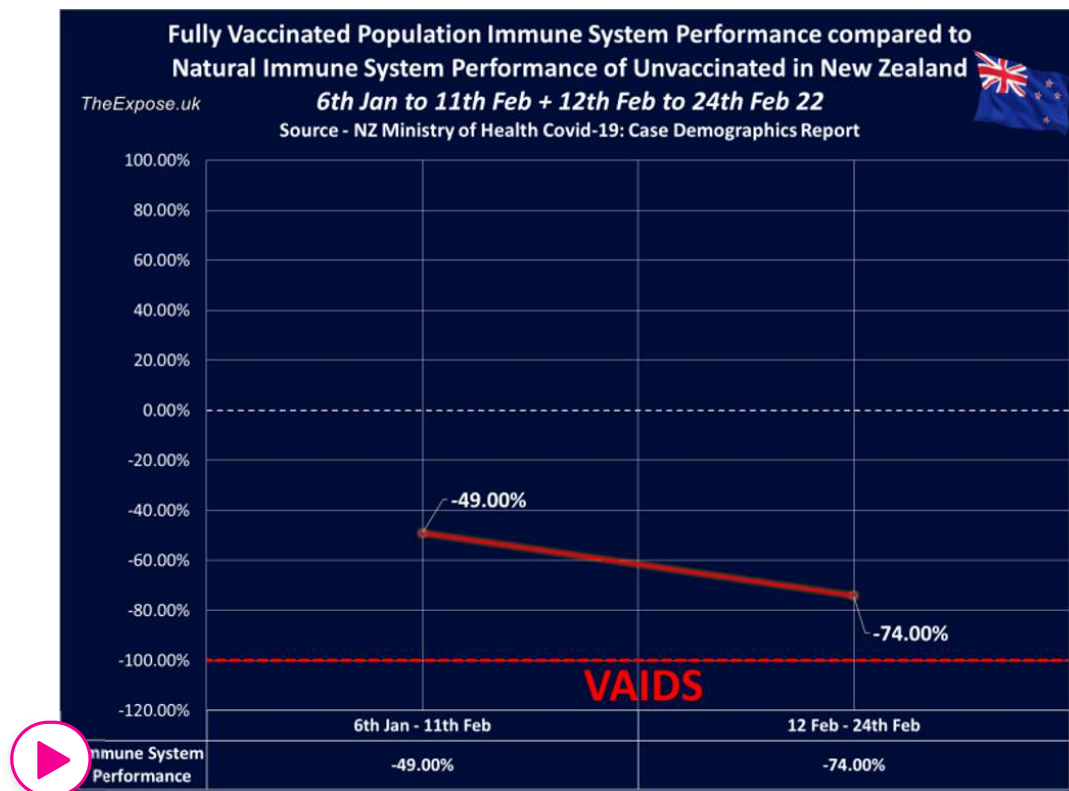
The PfizerGate Scandal: Governments worldwide are hiding data to disguise the fact the Covid Vaccines damage the Immune System and cause AIDS

BY [THE EXPOSÉ](#) ON [MARCH 26, 2022](#) • ([14 COMMENTS](#))



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Health authorities around the world are manipulating figures in an attempt to hide from the general public that the Covid-19 injections are causing the fully vaccinated to develop Vaccine Acquired Immune Deficiency Syndrome; and we can prove it...



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By a concerned reader

The Chairman of the South African Medical Association. Dr. Angelique Coetzee, discovered the Omicron variant in South Africa in November 2021. Being a practicing GP during a pandemic, she saw plenty of Omicron cases and deduced from these that it lead to a mild form of the flu.

The term 'mild' is very specific in medicine. Dr Coetzee explains what she means by the term to the German Die Welt newspaper as follows...

"I am a clinician and based on the clinical picture there are no indications that we are dealing with a very serious disease. The course is mostly mild. I'm not saying you won't get sick if you're mild,"

"The definition of mild COVID-19 disease is clear, and it is a [World Health Organization] definition: patients can be treated at home and oxygen or hospitalization is not required,"

"A serious illness is one in which we see acute pulmonary respiratory infections: people need oxygen, maybe even artificial respiration. We saw that with Delta—but not with Omicron. So I said to people, 'I can't say it like that because it's not what we're seeing.'"

So according to the discoverer of Omicron, the chairperson of the South African Medical Association, Omicron is a mild form of the flu which did not cause hospitalisation or require oxygen and was not an acute respiratory infection like Delta.

Of course this is not what the gene corrupting drug pushers want you to hear. So she went on to reveal that 'European officials' pressurized her to deny this truth.

"I was told not to publicly state that it was a mild illness. I have been asked to refrain from making such statements and to say that it is a serious illness. I declined,"

Coetzee did not specify which officials told her to keep quiet. She did say that South African officials did not try to pressure her. She claimed that she was criticized by authorities in both the United Kingdom and the Netherlands.

Dr Coetzee explains...

"What I said at one point—because I was just tired of it—was: In South Africa, this is a mild illness, but in Europe, it is a very serious one. That's what your politicians wanted to hear."



The ings were reported in [several news sources](#) on [February 10th](#).

South Africa was 23% fully vaccinated in November 2021. So this means that Omicron is a mild flu for the unvaccinated. It does not cause hospitalisation and does not require oxygen and does not result in acute respiratory infection like Delta. And furthermore this is being covered up by European governments.

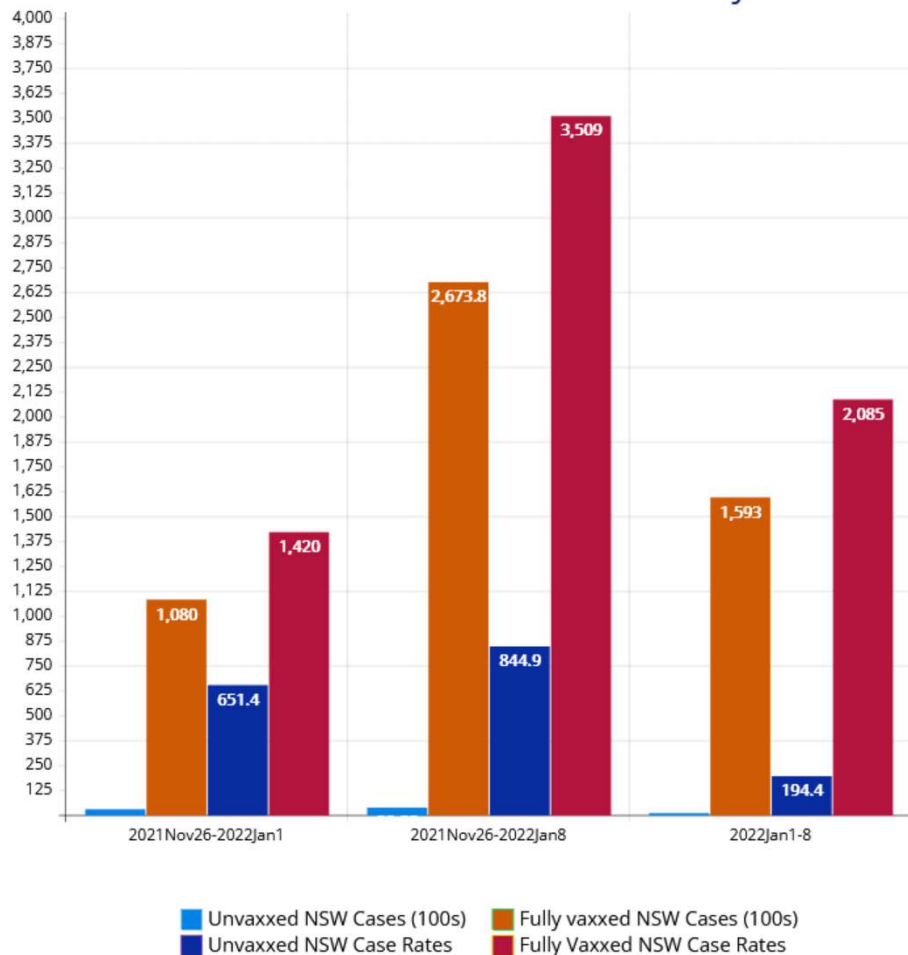
South Africa, being in the Southern Hemisphere, is in Summer during November (our May). We know that mild flu does not send people to hospital in May in any numbers.

So it's strange to find so many people being hospitalised in Australia, another Southern Hemisphere country, with Omicron. But not so strange when you realise that they are fully vaccinated.

The only viable explanation is that people are suffering from VAIDS in order to make it into hospital with flu during summer, and we first saw full blown VAIDS in the New South Wales (NSW) figures for Omicron cases from 2022 January 1st -8th...

The Australian Cover Up

NSW Australian Omicron Cases & Case Rates by Vaccine Status



They saw a 2,085 to 194.4 or 10.72 to 1 case rate ratio and a 159,325 to 787 or 202.5:to 1 case ratio. In other words, 95% of their Omicron cases were in the fully vaccinated and one half of one percent of cases were in the unvaccinated. But the minute these figures were published by the [Expose on January 28th](#), the State Government started rigging them to cover up the vaccine generated catastrophe as follows...

<https://www.health.nsw.gov.au/Infectious/covid-19/Documents/covid-19-surveillance-report-20220113.pdf>
<https://www.health.nsw.gov.au/Infectious/covid-19/Documents/covid-19-surveillance-report-20220120.pdf>
<https://www.health.nsw.gov.au/Infectious/covid-19/Documents/covid-19-surveillance-report-20220201.pdf>
<https://www.health.nsw.gov.au/Infectious/covid-19/Documents/covid-19-surveillance-report-20220204.pdf>

Table 6. Hospitalisations, ICU admissions and deaths among cases diagnosed with COVID-19, by vaccination status, NSW, from 26 November 2021 to 1 January 2022

Vaccination status	Total cases	Hospitalised (% of total cases)	Hospitalised and in ICU (% of total cases)	Death (% of total cases)
Fully vaccinated	108,056	1,280 (1.2%)	104 (0.1%)	22 (<0.1%)
Partially vaccinated	1,110	47 (4.2%)	8 (0.7%)	3 (0.3%)
No effective dose	2,765	251 (9.1%)	42 (1.5%)	7 (0.3%)
Under investigation	28,181	395 (1.4%)	40 (0.1%)	2 (<0.1%)
Not eligible for vaccination (aged 0-11 years)	12,328	93 (0.8%)	3 (<0.1%)	0 (0.0%)
Total	152,440	2,066 (1.4%)	197 (0.1%)	34 (<0.1%)

Table 5. Hospitalisations, ICU admissions and deaths among cases diagnosed with COVID-19, by vaccination status, NSW, from 26 November 2021 to 8 January 2022

Vaccination status	Total cases	Hospitalised (% of total cases)	Hospitalised and in ICU (% of total cases)	Death (% of total cases)
Two effective doses	267,381	2,627 (1.0%)	215 (0.1%)	67 (<0.1%)
One effective dose	2,578	80 (3.1%)	12 (0.5%)	3 (0.1%)
No effective dose	3,552	315 (8.9%)	55 (1.5%)	21 (0.6%)
Under investigation	74,878	881 (1.2%)	106 (0.1%)	6 (<0.1%)
Not eligible for vaccination (aged 0-11 years)	30,667	197 (0.6%)	7 (<0.1%)	1 (<0.1%)
Total	379,056	4,100 (1.1%)	395 (0.1%)	98 (<0.1%)

Table 5. Hospitalisations, ICU admissions and deaths among PCR confirmed cases diagnosed with COVID-19, by vaccination status, NSW, from 26 November 2021 to 15 January 2022

Vaccination status	Total cases	Hospitalised* (% of total cases)	Hospitalised and in ICU* (% of total cases)	Death* (% of total cases)
Three or more effective doses	17,350	238 (1.4%)	20 (0.1%)	11 (0.1%)
Two effective doses	372,912	3,912 (1.0%)	314 (0.1%)	149 (<0.1%)
One effective dose	4,644	112 (2.4%)	17 (0.4%)	9 (0.2%)
No effective dose	55,697	679 (1.2%)	78 (0.1%)	53 (0.1%)
Under investigation	109,415	1,409 (1.3%)	171 (0.2%)	12 (<0.1%)
Total	560,018	6,350 (1.1%)	600 (0.1%)	234 (<0.1%)

* Note, table categories are not mutually exclusive. Hospitalised includes cases admitted to ICU; deaths may occur with or without being admitted to hospital or ICU.

Table 5. Hospitalisations, ICU admissions and deaths among PCR confirmed cases diagnosed with COVID-19, by vaccination status, NSW, from 26 November 2021 to 22 January 2022

Vaccination status	Total cases	Hospitalised* (% of total cases)	Hospitalised and in ICU* (% of total cases)	Death* (% of total cases)
Three or more effective doses	23,782	366 (1.5%)	31 (0.1%)	22 (0.1%)
Two effective doses	438,255	5,137 (1.2%)	439 (0.1%)	287 (0.1%)
One effective dose	5,521	150 (2.7%)	19 (0.3%)	14 (0.3%)
No effective dose	72,772	822 (1.1%)	93 (0.1%)	98 (0.1%)
Under investigation	129,604	1,833 (1.4%)	212 (0.2%)	15 (<0.1%)
Total	669,934	8,308 (1.2%)	794 (0.1%)	436 (0.1%)

* Note, table categories are not mutually exclusive. Hospitalised includes cases admitted to ICU; deaths may occur with or without being admitted to hospital or ICU.

The unvaxxed Omicron cases went from 2,775 on Jan1 to 3,552 on Jan8 to 4,644 on Jan15 to **72,772** on Jan22 ! Whereas the doubly vaxxed Omicron cases went from 108,056 to 267,381 to 372,912 to 438,255.

The Jan1 report was published on Jan13, the Jan8 report on Jan20, the Jan15 report on Feb1 and the Jan22 report on Feb8. The Jan8 report says that it was published on Feb4 which is garbage because we knew its contents before Jan8 and because its URL is .20220120 or Jan20, 2022 – DOH!

So by Feb8, the government of NSW had engineered a scenario where the 202.5 to 1 case ratio between the double dosed and the undosed had fallen to 65,343 to 68,128 or 0.95 to 1. There were now more Omicron cases in the unvaxxed than in the double vaxxed, not withstanding the fact that 95% of NSW is double vaxxed! I think they overcooked that one a bit!

So in the first 2 weeks of the year you were 10x more likely to catch Omicron if you were vaxxed. But by the 3rd week, you were 20x more likely to catch it if you were unvaxxed.

That is the most obvious and sickening fraud by the Australian State government.

The minute the [Expose article](#) pointed out that NSW government stats showed that vaccines were causing Australians to fall ill. The State government falsified their stats in the most amateur manner imaginable. They have now demonstrated publicly to the whole world, that the health of Australians is not as important to them as selling vaccines.

Indeed that heartless administration has now become no different to any other gutter drug pusher that ever defiled the bodies of his victims for profit. This is the Australian arm of the Pfizergate Vaccine damage cover up. But it is by no means limited to Kangaropolis. Let's have a full look at Canada, the land of the Moose.

The Canadian Cover Up

The Canadian government uses a multi stage cover up. Firstly it is almost impossible to get back issues of its Epidemiological summaries. The Australians make all their back issues available as links to pdfs. Not so the Canadians. They make nothing available other than the present report.

But one can use the wayback machine of web.archive.org to get them with extreme difficulty. The way back machine spends 95% of its time giving you the last report it cached and refusing to give you the next report you have asked for (even if it has that report). If you wish to spend a few millennia wrestling with a really annoying AI please visit – https://web.archive.org/web/*/https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html

The machine is perfectly capable of failing to load a page at least 10x then loading 25% of it, then 50% of it, then 75% of it then forgetting what it has loaded and starting all over again. Better still it can give you an html page of its cases following vaccination section with the cases by vax table from one report and with the wording of the populations with various vaccination statuses from another report.

Fortunately the population wording quotes figures from the cases table. So one can spot the mistake and match things up correctly. The pdfs it has stored are OK of course. But it was quite a jigsaw to put together. The whole story with the links is laid out in the Appendix to this article.

Secondly it gives cumulative figures dating back to the start of vaccination (or before that even). In this way the fine detail of the present week is hidden in amongst all the other weeks data since vaccination began in December 2020. We solve this by subtracting two cumulative figures ending on dates one week apart.

Thirdly and most cynically, they apply the European 2013 age standardising morality formula to case numbers and hospitalisations. Public Health Scotland does the same thing. It is an outright fraud. Yes death rates are heavily effected by the age of the patient. But cases rates are not. One cannot apply a mortality compensator to a statistic that does not involve mortality. THAT IS FRAUD PURE AND SIMPLE.

One might as well compensate the case rates with how good people are at cooking spaghetti in the different age bands. It would be no less valid.

So to get the unvaxxed case rates per 100k of unvaxxed population we first need the Population of Canada – <https://statistique.quebec.ca/en/produit/tableau/population-by-age-group-canada-and-regions>

38,246,108 total less 1,882,571 (aged 0-4) less 2,044,238 (aged 5-9) less 40% of 2,091,276 (aged 10-14) or 836,510 = 33,482,789 aged 12 and over.

33,482,789. 33.5 million 12 years old and over to 1 decimal place.

36,400,000. 36.4 million 5 years old and over to 1 decimal place.

The Reports used for the analysis can all be viewed here –

- Oct 2 – <https://web.archive.org/web/20211020075926/https://health-infobase.canada.ca/src/data/covidLive/Epidemiological-summary-of-COVID-19-cases-in-Canada-Canada.ca.pdf>
- Oct 9 – <https://web.archive.org/web/20211027154438/https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html#a9>

- Oct 9 – <https://web.archive.org/web/20211102202548/https://health-infobase.canada.ca/src/data/covidLive/Epidemiological-summary-of-COVID-19-cases-in-Canada-Canada.ca.pdf>
- Oct 16 – <https://web.archive.org/web/20211104153557/https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>
- Oct 23 – <https://web.archive.org/web/20211112151805/https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>
- Oct 30 – https://web.archive.org/web/20211120122253if_/https://health-infobase.canada.ca/src/data/covidLive/Epidemiological-summary-of-COVID-19-cases-in-Canada-Canada.ca.pdf
- Nov 6 – <https://web.archive.org/web/20211128152117/https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html> (incorrectly labelled as Nov13)
- Nov 6 – <https://web.archive.org/web/20211128000628/https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html> (Nov6 pop Nov13 Cases)
- Nov13 – <https://web.archive.org/web/20211207205042/https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>
- Nov 20 – <https://web.archive.org/web/20211211000508/https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>
- Nov 27 – <https://web.archive.org/web/20211218044638/https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>
- Dec 4 – <https://web.archive.org/web/20211223170506/https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>
- Dec 4 – <https://web.archive.org/web/20211223231903/https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>
- Dec 11 – <https://web.archive.org/web/20220103173009/https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>
- Dec 18 – <https://web.archive.org/web/20220108083517/https://health-infobase.canada.ca/src/data/covidLive/Epidemiological-summary-of-COVID-19-cases-in-Canada-Canada.ca.pdf>
- Dec 25 – <https://web.archive.org/web/20220117211207/https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>
- Jan 1 – <https://web.archive.org/web/20220124194636/https://health-infobase.canada.ca/src/data/covidLive/Epidemiological-summary-of-COVID-19-cases-in-Canada-Canada.ca.pdf>
- Jan 8 – <https://web.archive.org/web/20220201164337/https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html>
- Jan 15 – <https://web.archive.org/web/20220206015044/https://health-infobase.canada.ca/src/data/covidLive/Epidemiological-summary-of-COVID-19-cases-in-Canada-Canada.ca.pdf>
- Jan 22 – <https://web.archive.org/web/20220209162204/https://health-infobase.canada.ca/src/data/covidLive/Epidemiological-summary-of-COVID-19-cases-in-Canada-Canada.ca.pdf>

Here are the raw cumulative data from the [Epidemiological-summary-of-COVID-19-cases](#) produced by the Canadian Government from 2021October2 to 2022January22



	Status	Population	Case	Hospitalisation	Death
Oct-02	Unvaccinated	11,100,000	671,339	35,848	7,120
	Cases not yet protected	400,000	40,590	2,823	719
	Partially vaccinated	1,800,000	46,083	2,919	681
	Fully vaccinated	20,200,000	43,268	1,813	520
Oct-09	Unvaccinated	10,900,000	678,410	36,579	7,264
	Cases not yet protected	400,000	41,278	2,859	730
	Partially vaccinated	1,700,000	47,230	2,968	691
	Fully vaccinated	20,500,000	48,555	2,035	608
Oct-16	Unvaccinated	10,800,000	683,875	37,318	7,381
	Cases not yet protected	300,000	41,737	2,905	737
	Partially vaccinated	1,600,000	48,216	3,039	700
	Fully vaccinated	20,800,000	53,330	2,265	676
Oct-23	Unvaccinated	10,600,000	688,473	37,837	7,482
	Cases not yet protected	300,000	42,054	2,923	738
	Partially vaccinated	1,600,000	49,028	3,081	707
	Fully vaccinated	21,000,000	57,684	2,482	733
Oct-30	Unvaccinated	10,500,000	691,361	37,742	7,540
	Cases not yet protected	300,000	42,321	2,883	741
	Partially vaccinated	1,400,000	49,670	3,015	710
	Fully vaccinated	21,300,000	61,825	2,610	776
Nov-06	Unvaccinated	10,500,000	695,396	38,751	7,651
	Cases not yet protected	100,000	42,539	2,957	749
	Partially vaccinated	1,400,000	50,261	3,165	717
	Fully vaccinated	21,500,000	66,709	2,900	837



Nov-13	Unvaccinated	10,400,000	699,046	39,245	7,715
	Cases not yet protected	100,000	42,723	2,970	749
	Partially vaccinated	1,200,000	50,789	3,210	722
	Fully vaccinated	21,800,000	71,822	3,102	881
Nov-20	Unvaccinated	10,300,000	702,434	39,637	7,790
	Cases not yet protected	200,000	42,876	2,977	751
	Partially vaccinated	1,100,000	51,277	3,230	724
	Fully vaccinated	21,900,000	76,925	3,310	933
Nov-27	Unvaccinated	10,200,000	705,725	39,967	7,861
	Cases not yet protected	200,000	43,022	2,988	752
	Partially vaccinated	1,000,000	51,728	3,258	731
	Fully vaccinated	22,100,000	82,513	3,514	981
Dec-04	Unvaccinated	9,900,000	709,123	40,287	7,917
	Cases not yet protected	400,000	43,114	3,000	753
	Partially vaccinated	1,000,000	52,116	3,277	734
	Fully vaccinated	22,200,000	88,742	3,705	1,017
Dec-18	Unvaccinated	9,400,000	727,925	40,788	8,013
	Cases not yet protected	500,000	43,471	3,062	759
	Partially vaccinated	1,200,000	53,171	3,374	744
	Fully vaccinated	22,400,000	122,843	4,099	1,077
Dec-25	Unvaccinated	9,300,000	728,415	41,089	8,076
	Cases not yet protected	300,000	43,754	3,077	761
	Partially vaccinated	1,400,000	54,772	3,402	748
	Fully vaccinated	22,500,000	219,445	4,569	1,131



Jan-01	Unvaccinated	9,200,000	741,789	41,561	8,149
	Cases not yet protected	200,000	44,037	3,092	762
	Partially vaccinated	1,600,000	56,831	3,453	754
	Fully vaccinated	22,500,000	354,940	5,657	1,253
Jan-08	Unvaccinated	9,100,000	758,702	42,412	8,285
	Cases not yet protected	200,000	44,274	3,103	765
	Partially vaccinated	1,800,000	59,073	3,554	766
	Fully vaccinated	22,600,000	479,143	7,592	1,565
Jan-15	Unvaccinated	11,800,000	771,095	43,540	8,479
	Cases not yet protected	300,000	44,494	3,118	770
	Partially vaccinated	1,600,000	61,209	3,717	788
	Fully vaccinated	22,600,000	581,635	10,387	2,032
Jan-22	Unvaccinated	11,700,000	892,033	44,907	8,693
	Cases not yet protected	300,000	50,695	3,154	775
	Partially vaccinated	1,700,000	79,683	3,925	808
	Fully vaccinated	22,700,000	648,271	13,043	2,490

Here are the cases, hospitalisations and deaths by vaccine status by week (except for the 14 day period from Dec4-18 wherein Dec11 was omitted due it being prepared around Christmas presumably). These are deduced from the table above by subtracting one weeks cumulative figures from the previous weeks cumulative figures. Then we deduce the case rate, the hospital visit rate and the death rate per 100k from the population figures in column2. Then we deduce the Immune/Vaccine efficiency percentage using the normalised case rate ratio formula of Pfizer.



Status	Pop	Cases	Hospital Visits	Deaths	Case rate	Hospital rate	Death rate	Immune Efficacy
Oct2-9	(12+)							
No Dose	10,900,000	7,071	731	144	64.87	6.71	1.32	60.2%
1 Dose <14 days	400,000	688	36	11	172.00	9.00	2.75	
1 Dose 14+ days	1,700,000	1,147	49	10	67.47	2.88	0.59	
2 Doses	20,500,000	5,287	222	88	25.79	1.08	0.43	
Oct9-16	(12+)							
No Dose	10,800,000	5,465	739	117	50.60	6.84	1.08	54.6%
1 Dose <14 days	300,000	459	46	7	153.00	15.33	2.33	
1 Dose 14+ days	1,600,000	986	71	9	61.63	4.44	0.56	
2 Doses	20,800,000	4,775	230	68	22.96	1.11	0.33	
Oct16-23	(12+)							
No Dose	10,600,000	4,598	519	101	43.38	4.90	0.95	52.2%
1 Dose <14 days	300,000	317	18	1	105.67	6.00	0.33	
1 Dose 14+ days	1,600,000	812	42	7	50.75	2.63	0.44	
2 Doses	21,000,000	4,354	217	57	20.73	1.03	0.27	
Oct23-30	(12+)							
No Dose	10,500,000	2,888	-95	58	27.50	-0.90	0.55	29.3%
1 Dose <14 days	300,000	267	-40	3	89.00	-13.33	1.00	
1 Dose 14+ days	1,400,000	642	-66	3	45.86	-4.71	0.21	
2 Doses	21,300,000	4,141	128	43	19.44	0.60	0.20	
Oct30-Nov6	(12+)							
No Dose	10,500,000	4,035	1,009	111	38.43	9.61	1.06	40.9%
1 Dose <14 days	100,000	218	74	8	218.00	74.00	8.00	
1 Dose 14+ days	1,400,000	591	150	7	42.21	10.71	0.50	
2 Doses	21,500,000	4,884	290	61	22.72	1.35	0.28	



Nov6-13	(12+)								
No Dose	10,400,000	3,650	494	64	35.10	4.75	0.62	33.2%	
1 Dose <14 days	100,000	184	13	0	184.00	13.00	0.00		
1 Dose 14+ days	1,200,000	528	45	5	44.00	3.75	0.42		
2 Doses	21,800,000	5,113	202	44	23.45	0.93	0.20		
Nov13-20	(12+)								
No Dose	10,300,000	3,388	392	75	32.89	3.81	0.73	29.2%	
1 Dose <14 days	200,000	153	7	2	76.50	3.50	1.00		
1 Dose 14+ days	1,100,000	488	20	2	44.36	1.82	0.18		
2 Doses	21,900,000	5,103	208	52	23.30	0.95	0.24		
Nov20-27	(12+)								
No Dose	10,200,000	3,291	330	71	32.26	3.24	0.70	21.6%	
1 Dose <14 days	200,000	146	11	1	73.00	5.50	0.50		
1 Dose 14+ days	1,000,000	451	28	7	45.10	2.80	0.70		
2 Doses	22,100,000	5,588	204	48	25.29	0.92	0.22		
Nov27-Dec4	(12+)								
No Dose	9,900,000	3,398	320	56	34.32	3.23	0.57	18.3%	
1 Dose <14 days	400,000	92	12	1	23.00	3.00	0.25		
1 Dose 14+ days	1,000,000	388	19	3	38.80	1.90	0.30		
2 Doses	22,200,000	6,229	191	36	28.06	0.86	0.16		
Dec4-18	(12+)								
No Dose	9,400,000	18,802	501	96	100.01	2.66	0.51	23.9%	
1 Dose <14 days	500,000	357	62	6	35.70	6.20	0.60		
1 Dose 14+ days	1,200,000	1,055	97	10	43.96	4.04	0.42		
2 Doses	22,400,000	34,101	394	60	76.12	0.88	0.13		

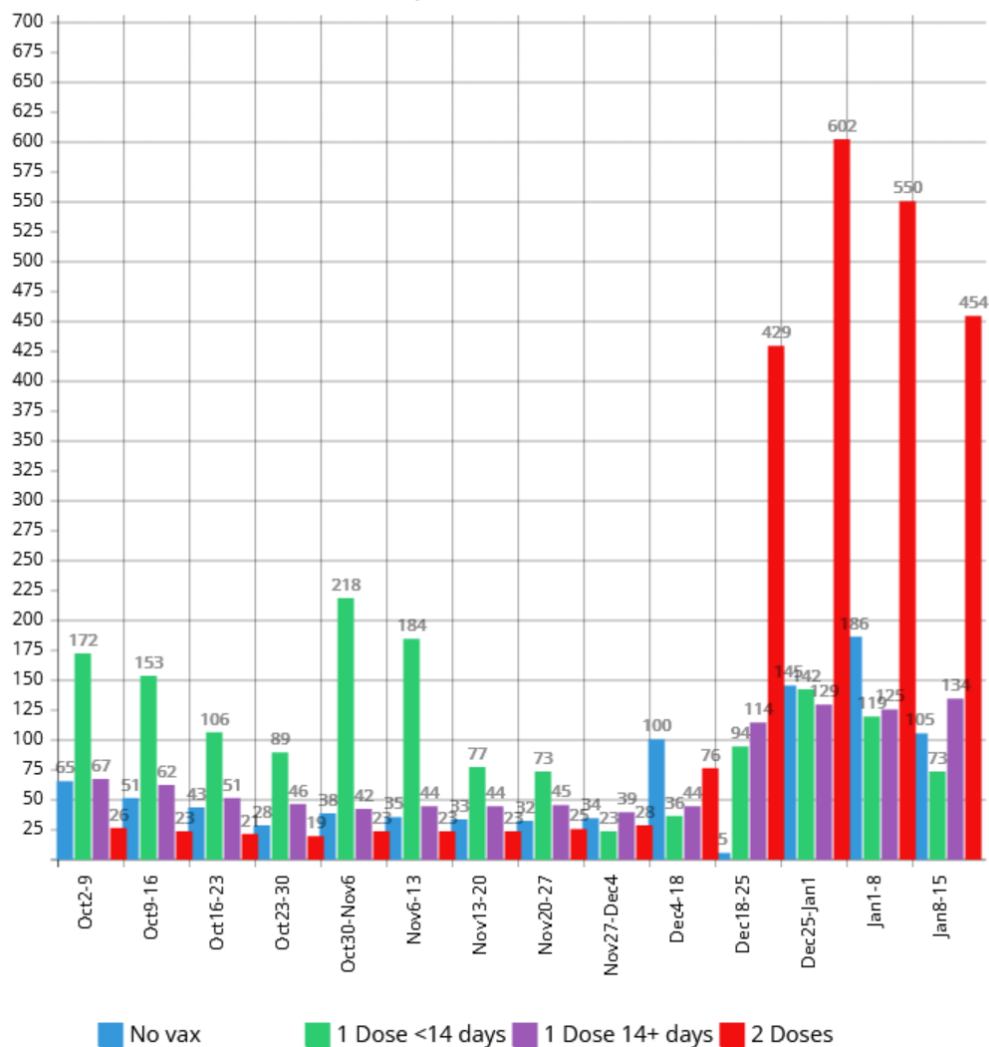


Dec25-Jan1	(12+)								
No Dose	9,200,000	13,374	472	73	145.37	5.13	0.79	-75.9%	
1 Dose <14 days	200,000	283	15	1	141.50	7.50	0.50		
1 Dose 14+ days	1,600,000	2,059	51	6	128.69	3.19	0.38		
2 Doses	22,500,000	135,495	1,088	122	602.20	4.84	0.54		
Jan1-8	(12+)								
No Dose	9,100,000	16,913	851	136	185.86	9.35	1.49	-66.2%	
1 Dose <14 days	200,000	237	11	3	118.50	5.50	1.50		
1 Dose 14+ days	1,800,000	2,242	101	12	124.56	5.61	0.67		
2 Doses	22,600,000	124,203	1,935	312	549.57	8.56	1.38		
Jan8-15	(5+)								
No Dose	11,800,000	12,393	1,128	194	105.03	9.56	1.64	-76.8%	
1 Dose <14 days	300,000	220	15	5	73.33	5.00	1.67		
1 Dose 14+ days	1,600,000	2,136	163	22	133.50	10.19	1.38		
2 Doses	22,600,000	102,492	2,795	467	453.50	12.37	2.07		
Jan15-22	(5+)								
No Dose	11,700,000	120,938	1,367	214	1,033.66	11.68	1.83	71.6%	
1 Dose <14 days	300,000	6,201	36	5	2,067.00	12.00	1.67		
1 Dose 14+ days	1,700,000	18,474	208	20	1,086.71	12.24	1.18		
2 Doses	22,700,000	66,636	2,656	458	293.55	11.70	2.02		



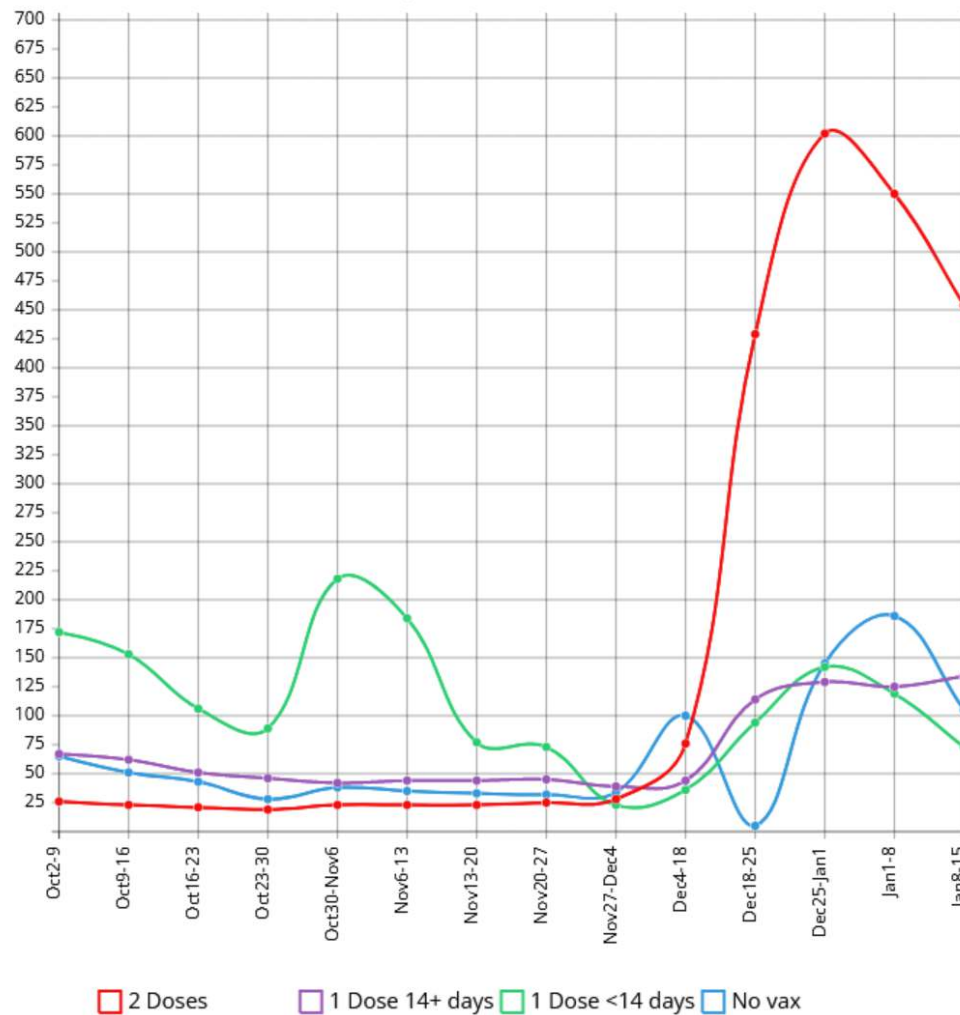
Canadian Weekly Case Rates Per 100k by Vax Status

Data from <https://health-infobase.canada.ca>



Canadian Weekly Case Rates Per 100k by Vax Status

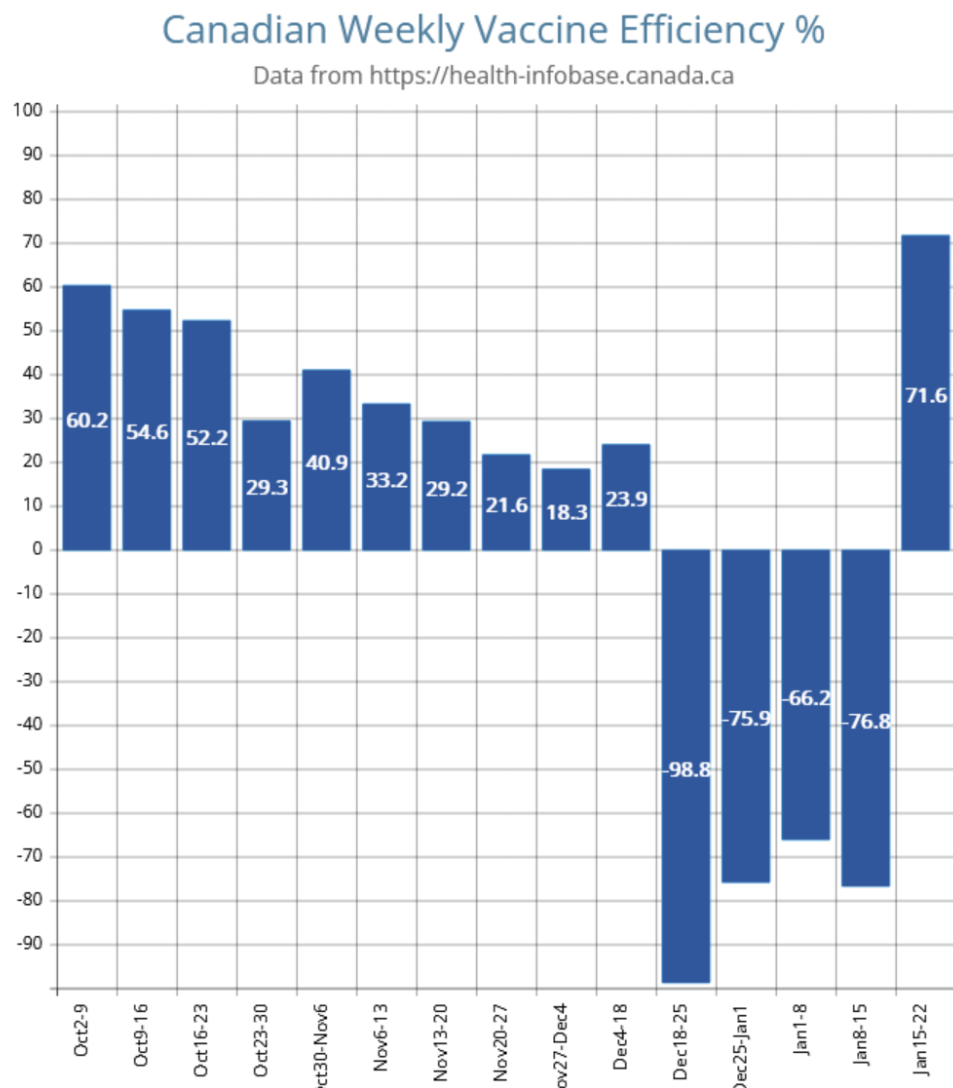
Data from <https://health-infobase.canada.ca>



One of the funny things that comes out of this data is that the unvaxxed celebrate Christmas and nobody else does! Either that or Jesus protected the unvaxxed from Omicron over Christmas! Because only the blue line (unvaxxed) goes to Zero during the Christmas week and then bounces back actually above the purple line (single vaxxed).

The blue line does slightly better than the purple line until Omicron first hits in December. This is because 1 dose does not cause VAIDS. The red line (double vaxxed) does better than everybody until Omicron, when it becomes a disaster movie. That is VAIDS. The vaccines do have some effectiveness against Delta, but none against Omicron.





This graph is a great demonstrator of Immune system degradation from 60% to 20% in 10 weeks. Then Omicron kicks in and woops, we go to minus 98.8% in the Christmas week (because unvaxxed people celebrate Christmas more than vaxxed as we can see from the line graph above). Then we stabilise at around minus 75%.

In the meantime, the Expose on January 28th [published an article](#) using Canadian Government statistics to prove the progression of VAIDS in the doubly vaccinated. The Canadian government then rigged their figures for the week from Jan 15-22 (which figures were produced in February) in an absurd attempt to disprove VAIDS.

The Expose deleted the pdf dated 2022January21, which I relied upon for the stats in the original piece – <https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases/2019-novel-coronavirus-infection/surv-covid19-weekly-epi-update-20220121-en.pdf>

In the pre-Christmas week when Omicron stuck in Canada, vaccine efficiency as measured by the normalised case rate ratio between the doubly vaxxed and the unvaxxed (which is how Pfizer measured it in their [seminal Phase III vaccine trial](#)) went from +23.8% to -98.8%. There was a -23.8% Christmas factor to these figures, which then stabilised at -75%.

This occurred because the miniscule initial vaccine efficiency against Omicron is very soon obliterated by the 4% of remaining immune system reduction each week in the doubly vaxxed. Omicron uncloaked this immune degradation.

But for the immune system to recover and for the vaccines to suddenly become better against Omicron than they were against Delta in one week, in circumstances where the CEO of Pfizer, Albert Bourla, has stated to Yahoo finance that 2 doses of his vaccine offer "very limited protection, if any" against Omicron is totally absurd.

And that is the Canadian Government is asking us to believe. It is an insult to everyone with more than two unvaccinated brain cells. That is the Canadian arm of the Pfizergate cover up.

The German Cover Up

The Robert Koch Institut in Berlin, owned by the German Federal Ministry of Health, produced statistics on December 30, 2021 which on page 14 of the weekly Covid19 management report for week 51 (from Monday December 20 to Sunday December 26) showed...

The unvaxxed had 186 Omicron cases and made up 26.5% of the population
The doubly vaxxed had 4020 Omicron case and made up 70.53% of the population.

So the case rate ratio, 2 dosed to no dosed, was $4020/186 \times 26.5/70.53 = 8.12$ to 1. This corresponds to an Immune system degradation of $(1-8.12)/8.12 = -0.877$ or -87.7%

So doubly vaxxed Germans were more than 8x likely to catch Omicron than their unvaxxed brothers. We now know that this figure correlated very closely with the Australian data for the 1st week in January (with a ratio of 10.72 to 1) and with the Canadian data for the last 2 weeks in December which had an immune degradation of 84%.

This was covered in the Daily Expose of January 2 – <https://dailyexpose.uk/2022/01/02/german-gov-data-suggests-fully-vaccinated-developing-ade/>. Then first thing on January 3, the Robert Koch Institut discovered that they had 'made a mistake'!

Yes, there had been a Koch up,. They miraculously found 911 more unvaccinated Germans who had caught Omicron on the very next day after the Expose published figures that would have destroyed the credibility of Pfizer and Moderna against Omicron had they been permitted to stand.

How incredible that a bureaucracy could respond so quickly! How unbelievable that an outfit capable of such an alacratous response could have made such an elementary error in the first place. Or indeed that the error should only have been in the unvaccinated number and that all the other numbers in their 14 page report were perfectly correct.

Of course no explanation was given as to where these 911 unvaccinated Omicron sufferers had come from. Maybe there was an epidemic of the unvaccinated in the German antiterrorist office? The Expose covered this correction on January 9 – <https://dailyexpose.uk/2022/01/09/life-insurance-data-proves-vaccinated-more-likely-to-die/>

But once again the same pattern is seen. A government stats department produces figures proving that the vaccines have become anti vaccines and are seriously degrading the immune systems of their people and rather than having an enquiry to determine how their people can best be protected from these toxins, they just rig the figures.

The Germans, being one of the more efficient governments in this world, rigged their figures more quickly and more decisively than most of their competitors in Covid cover ups.

PHE Cover Up

I wrote to various branches of PHE and Sajid Javid on 1st July 21 saying –

Sir,

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/997418/Variants_of_Concern_VOC_Technical_Briefing_17.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/997414/Variants_of_Concern_VOC_Technical_Briefing_16.pdf

Here are the PHE data for Delta deaths in the week from June14-June21. Vax status on June 17 was...22% 1 jab and 63% 2 jabs and 15% 0 jabs (at least 21 days previously) – <https://www.bbc.co.uk/news/health-55274833>

0 Jabs 38-34 = 4 dead from 3.5m over 50s (15%)

1 Jabs 17-10 = 7 dead from 5.2m over 50s (22%)

2 Jabs 50-26 = 24 dead from 14.9m over 50s (63%)

0 Jabs are $4 \times 63 / 15 \times 24 = 0.70x$ more likely to die than 2 Jabs

0 Jabs are $4 \times 22 / 15 \times 7 = 0.83x$ more likely to die than 1 Jab

2 Jabs are $24 \times 22 / 63 \times 7 = 1.20x$ more likely to die than 1 Jab

So in the week from June14-21, the latest published PHE data, you were better off not being vaccinated. And 1 Jab was better than 2 Jabs.

These data are for death with COVID rather than deaths from COVID. There are 23.6m people over 50 in the UK. 1350 of these die every day of all causes. So during 7 days 9450 would die. This is a rate of 0.4 per 1000. Total cases were 976 (0Jabs), 3865 (1Jab), 3546 (2Jabs). So if we deduct those who would have died anyway we get.

0 Jabs $4 - 0.4 = 3.6$ dead from 3.5m over 50s (15%)

1 Jabs $7 - 1.5 = 5.5$ dead from 5.2m over 50s (22%)

2 Jabs $24 - 1.4 = 22.6$ dead from 14.9m over 50s (63%)

0 Jabs are $3.6 \times 63 / 15 \times 22.6 = 0.67x$ more likely to die than 2 Jabs

0 Jabs are $3.6 \times 22 / 15 \times 5.5 = 0.96x$ more likely to die than 1 Jab

2 Jabs are $22.6 \times 22 / 63 \times 5.5 = 1.44x$ more likely to die than 1 Jab

So the best we have for the week from June14-21 from PHE data is that 1 Jab gives the same protection a 0 Jabs. And 2 Jabs make things worse.

24 delta deaths from 2 Jabs compared to 4 delta deaths from 0 Jabs is a disaster.

Regards...

Their response was to fail to publish Technical Bulletin 18 on July2 and instead to publish it on July9 and change the frequency of publication to biweekly rather than weekly – an incredible thing to do to a weekly report.

All the other countries whose data I have seen, publish weekly Covid reports, not biweekly Covid reports. And of course PHE figures never again showed that being unvaxxed gave a lower death rate than being doubly vaxxed.

There again is the Pfizergate cover up. What should have happened is an immediate investigation comparing the benefits of one dose to that of two doses and zero doses.

But every set of figures I have seen since then, and I have seen very many sets, from very many countries, shows clearly that 1 jab is better than 2. The reason for this I now know. 1 Jab does not give the spikes a large enough advantage over your immune system to start degrading it much. You need two jabs to really kick off the progressive degradation of the immune system.

If you have only had 1 jab there is no data I have seen showing that you will get VAIDS.

Another common feature to all the Covid stats cover ups I have seen is that the initial stats for each new variant are fairly accurate because the politicians have not yet decided what to do with them and the techies who produce the stats produce the truth if they are not interfered with by politicians who lie for a living.



Now the techies KNOW that their stats show vaccines to be dangerous. But they are smart enough not to tell that to the politicians. The Politicians are too stupid or too lazy or too incurious to discover for themselves that their own stats are destroying their vaccine pushing sales patter.

So they carry on regardless until some media outfit (generally The Expose) informs the world that their own stats prove that vaccines are killing people. Then rather than stopping that killing, they just rig the stats to cover up the deaths.

The UKHSA Cover Up

On 2021October10, The Expose carried a piece which showed clearly that vaccine were causing a form of AIDS. The piece went viral and ended up being quoted on Alex Jones through the Reese report and by President Bolsonaro of Brazil. Here is the data which showed the progressive immune system destruction....

Age group	Week36 Decline	Week37 Decline	Week38 Decline	Week39 Decline	Week40 Position	Average Weekly Decline	Weeks before total immune system failure (100% degradation)
18-29	-2.5%	-1.9%	-4.0%	-4.3%	+40.5%	-3.2%	44 weeks (140.5/3.2)
30-39	-6.0%	-7.0%	-10.5%	-11.4%	-3.3%	-8.7%	12 weeks (96.7/8.7)
40-49	-5.2%	-5.3%	-8.1%	-6.9%	-46.6%	-6.4%	9 weeks (53.4/6.4)
50-59	-4.0%	-2.4%	-3.9%	-5.7%	-40.1%	-4.0%	15 weeks (59.9/4)
60-69	-4.2%	-2.9%	-4.2%	-2.1%	-40.9%	-3.35%	18 weeks (59.1/3.35)
70-79	-4.1%	+0.7%	-3.9%	-3.6%	-34.4%	-2.7%	25 weeks (65.6/2.7)
80+	-5.6%	-7.1%	-3.1%	-2.5%	-9.8%	-4.6%	20 weeks (90.2/4.6)

Then on [October15](#), [October 23](#) and [October 27](#), The Expose published 3 follow up pieces which confirmed the original article. Here is the last table of data from the UKHSA before it got corrupted...

Here is the weekly decline in doubly vaccinated immune system performance compared to unvaxxed people. Vaccine efficacy is measured using Pfizer's vaccine effectiveness formula...

$(Unvaxxed\ case\ rate - Vaxxed\ case\ rate) / the\ Larger\ of\ Unvaxxed\ or\ Vaxxed\ case\ rate$ – We are using the normalised absolute ratio of vaxxed to unvaxxed case numbers to determine vaccine efficiency just as Pfizer itself did in the Supplementary Appendix to their [Phase III clinical trial results](#).

Age group	Week35 Vaccine Efficacy	Week36 Decline	Week37 Decline	Week38 Decline	Week39 Decline	Week40 Decline	Week41 Vaccine Efficacy	Average Weekly Decline	Weeks from week41 (October11-17) before total immune system failure (100% degradation)
18-29	+53.2%	-2.5%	-1.9%	-4.0%	-4.3%	-7.0%	-8.6%	+24.9%	27 weeks (124.9/4.7)
30-39	+31.6%	-6.0%	-7.0%	-10.5%	-11.4%	-10.5%	-7.7%	-21.5%	9 weeks (78.5/8.85)
40-49	-21.1%	-5.2%	-5.3%	-8.1%	-6.9%	-5.6%	-3.2%	-55.4%	8 weeks (44.6/5.7)
50-59	-24.1%	-4.0%	-2.4%	-3.9%	-5.7%	-5.0%	-50.8%	-4.45%	12 weeks (49.2/4.45)
60-69	-27.5%	-4.2%	-2.9%	-4.2%	-2.1%	-5.8%	-4.0%	-50.7%	13 weeks (49.3/3.9)
70-79	-23.5%	-4.1%	+0.7%	-3.9%	-3.6%	-9.6%	-6.3%	-50.3%	12 weeks (49.7/4.5)
80+	+8.5%	-5.6%	-7.1%	-3.1%	-2.5%	-8.3%	-7.1%	-25.2%	13 weeks (74.8/5.8)

- A Vaccine efficacy of +50% means that doubly vaxxed people are 50% more protected from Covid than unvaxxed people. It means that the delta case rate in the vaxxed is half the delta case rate in the unvaxxed.
- A Vaccine efficacy of -50% means that unvaxxed people are 50% more protected from Covid than doubly vaxxed people. It means that the delta case rate in the vaxxed is double the delta case rate in the unvaxxed.
- A Vaccine efficacy of 0% means that doubly vaccinated people are 0% more protected from Covid than unvaxxed people. It means that the delta case rate in the vaxxed equals the delta case rate in the unvaxxed. It means the vaccines have lost all their effectiveness.

Age group	Week35 Vax Efficacy	Week36 Vax Efficacy	Week37 Vax Efficacy	Week38 Vax Efficacy	Week39 Vax Efficacy	Week40 Vax Efficacy	Week41 Vax Efficacy
18-29	+53.2%	+50.7%	+48.8%	+44.8%	+40.5%	+33.5%	+24.9%
30-39	+31.6%	+25.6%	+18.6%	+8.1%	-3.3%	-13.8%	-21.5%
40-49	-21.1%	-26.3%	-31.6%	-39.7%	-46.6%	-52.2%	-55.4%
50-59	-24.1%	-28.1%	-30.5%	-34.4%	-40.1%	-45.8%	-50.8%
60-69	-27.5%	-31.7%	-34.6%	-38.8%	-40.9%	-46.7%	-50.7%
70-79	-23.5%	-27.6%	-26.9%	-30.8%	-34.4%	-44.0%	-50.3%
80+	+8.5%	+2.9%	-4.2%	-7.3%	-9.8%	-18.1%	-25.2%

"Everybody over 30 will have lost 100% of their entire immune capability (certainly for Covid and most likely for viruses and certain cancers – following the evidence from Cole Diagnostics in Idaho and Dr Nathan Thompson and Dr Ralph Baric) within 13 weeks". – <https://dailyexpose.uk/2021/10/27/official-government-reports-suggest-the-fully-vaccinated-will-develop-acquired-immunodeficiency-syndrome-by-christmas/>

These were accurate figures from the UKHSA that clearly showed progressive week on week immune system degradation, just as the Canadian figures above showed for the last 10 weeks before Omicron hit Canada. This was the techies at the UKHSA telling us the truth.

But after 4 hard hitting articles in The Expose showing that these vaccines cause a form of AIDS, the politicians stepped in...

On November2, the Daily Mail published an article revealing that...

1. *UK statistics watchdog scolds PHE's replacement body for publishing 'misleading' figures which anti-vaxxers have seized as proof that Covid jabs don't work*
2. *Over the past few weeks, the agency's data shows infection rates are higher in fully-vaccinated adults compared to the unjabbed.*
3. *Anti-vaxx commentators and campaigners have seized the data as proof that Covid vaccines don't work.*

The UK's Statistics Watchdog is The Office of Statistics Regulation (TOSR for short). Yes Offstats told the UKHSA that their Stats were off.

TOSR director general Ed Humpherson yesterday wrote to the UKHSA's boss Dr Jenny Harries on November1 thanking her for the changes she had made and is quoted in the Daily Mail as saying

'It remains the case that the surveillance report includes rates per 100,000 which can be used to argue that vaccines are not effective,'
'I know that this is not the intention of the surveillance report, but the potential for misuse remains.'

There is the tacit admission by the Government that the purpose of their stats is not to enable the public to decide for themselves whether the vaccines are effective or not. No their stats should not even be able to support an argument that the vaccines are ineffective.

Indeed any such construction of UKHSA statistics would be a misuse of government data according to the Director General. This is his candid admission that the use of all UKHSA data is exclusively to prove the vaccines are effective. And any government statistics agency which departs from that line shall be re-adjusted by TOSR.

He is defining the UKHSA as a pro vaccine propaganda outfit, a sales arm of Pfizer inc. whose mandate is only to supply information for one side of the debate.

No person in the UK can be expected to make an informed choice of whether to take Pfizer's experimental gene corrupting snake bite when it is presented to them by the government as an unquestionably effective Covid vaccination. – <https://www.dailymail.co.uk/health/article-10155799/Stats-watchdog-scolds-PHE-replacement-data-misuse-supports-anti-vaxxers.html>

So here was the UKHSA cover up ordered by the TSOR. Here was the UKHSA arm of Pfizergate.

The PHS Cover up

Here is Table12 from the latest PHS Weekly Covid Statistical Reports –

<https://publichealthscotland.scot/publications/covid-19-statistical-report/covid-19-statistical-report-9-february-2022/>



Table 12: PCR-confirmed COVID-19 age-standardised case rate per 100,000 individuals by vaccine status, seven-day rolling average from 10 May 2021 to 04 February 2022

Week	Unvaccinated			1 Dose [*]		
	No. tested positive by PCR	Population	Age-standardised case rate per 100,000 with 95% confidence intervals	No. tested positive by PCR	Population	Age-standardised case rate per 100,000 with 95% confidence intervals
08 January - 14 January 2022	3,676	980,492	427.62 (403.04 - 452.20)	1,109	338,946	558.91 (511.56 - 606.26)
15 January - 21 January 2022	2,714	976,356	308.22 (286.84 - 329.60)	783	318,813	392.69 (355.45 - 429.93)
22 January - 28 January 2022	2,347	969,765	256.00 (238.22 - 273.78)	693	302,782	343.23 (309.11 - 377.34)
29 January - 04 February 2022	2,455	962,238	262.90 (245.90 - 279.91)	660	275,627	304.95 (275.53 - 334.37)
Week	2 Doses [*]			Booster or 3 Doses		
	No. tested positive by PCR	Population	Age-standardised case rate per 100,000 with 95% confidence intervals	No. tested positive by PCR	Population	Age-standardised case rate per 100,000 with 95% confidence intervals
08 January - 14 January 2022	9,630	999,456	886.85 (860.56 - 913.14)	13,953	2,982,121	494.40 (485.54 - 503.27)
15 January - 21 January 2022	6,073	934,782	575.39 (555.29 - 595.49)	10,623	3,069,966	378.54 (370.93 - 386.16)
22 January - 28 January 2022	4,919	855,999	521.34 (501.01 - 541.67)	10,950	3,170,674	381.72 (374.26 - 389.19)
29 January - 04 February 2022	4,365	830,864	470.30 (450.69 - 489.92)	11,425	3,230,489	397.09 (389.51 - 404.67)

^{*} 1 Dose and 2 Dose populations include individuals who have exceeded the recommended dose schedule and may be subject to vaccine waning. Data in this table should not be used as a measure of vaccine effectiveness due to unaccounted for biases and risk factors in different populations. For more information, please see the [Interpretation of data and Vaccine effectiveness summary](#) sections above.

Vaccination status is determined as at the date of PCR specimen date according to the definitions described in Appendix 6. The data displayed within the greyed-out section are considered preliminary and are subject to change as more data is updated. Age-standardised case rates are per 100,000 people per week, standardised to the 2013 European Standard Population (see Appendix 6).

The red warning above appeared after the expose used PHS figures to prove that vaccines increase your chances of being infected with Covid, and they increase your chances of being hospitalised with Covid and they increase your chances of dying from Covid. – <https://dailyexpose.uk/2021/12/09/distracted-by-christmas-party-data-shows-9-in-10-covid-deaths-vaccinated/>

Had PHS cared about the life of their fellow Scots, they would have terminated vaccination pending a full public inquiry. But they do not care if Scots live or die so long as they live or die fully vaccinated. And yet even that term is a total fraud.


Nobody who is vaccinated with Pfizer or Moderna is fully vaccinated at all. If they were fully vaccinated, then they would not get infected with Covid would they?

If they were fully vaccinated then they would not need a booster and another booster would they?

Fully vaccinated people are fully duped, fully conned and are on the way to having their genes fully corrupted and their immune systems fully compromised. The one thing they are not is fully vaccinated.

As regards Public Health Scotland. To paraquote Sir Winston, no longer are they in the business of public health and no longer do they represent Scotland. They are in the business of gene corrupting drug pushing through fraudulent statistics, and they represent the interests of American Pharmaceutical companies, not the interests of Scotland or her people.

The notes underneath Table12 above refer to Appendix6 of the report, which says:: Age standardised case, hospitalisation and mortality rates are used to allow comparisons of case, hospitalisation and mortality rates between populations that have different age distributions.

The  European Standard Population is used to standardise rates. For more information – [see the ONS methods](#). Here is the full link – <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/methodologies/weeklycovid19agestandardisedmortalityratesbyvaccinationstatusenglandmethodology>.

Notice that it refers to Age Standardised Mortality Rates. Here is some of what it says:

Age-standardised mortality rates: Age-standardised mortality rates (ASMRs) are used to allow for comparisons to be made between populations that may contain different overall population sizes and proportions of people of

These are plainly age standardised MORTALITY rates. They are not age standardised Hospitalisation rates and they are not age standardised Case rates. There is absolutely no age standardisation that is needed for case rates or hospital rates. And even if there was, said rates would not been known in 2013 when the mortality rates were calculated, because there were no Covid cases in 2013 and there were no Covid hospitalisations in 2013.

To apply a 2013 European mortality rate to a 2019 Covid case rate is an all out fraud being committed by PHS and by the Canadian government in broad daylight. Even the UKHSA does not treat its taxpaying funders with such studied intellectual contempt.

Age standardised mortality rates are a compensation method designed to account for age discrepancies in mortality rates between the different statistical groups (such as groups with different vaccine statuses). They are merely a corruption when applied to statistical groups who are not dying. As mentioned above: One cannot apply a mortality compensator to a statistic that does not involve mortality. THAT IS FRAUD PURE AND SIMPLE.

One might as well compensate the case rates with how good people in the 5 year age bands are at singing Whitney Houston. It would be no less valid.

But if one does apply Euro 2013 Age Standardised Mortality Rates to case rates and hospitalisation rates then since the unvaxxed are slightly younger, than the vaxxed it makes the numbers look better for the vaccinated. Furthermore since neither PHS nor the UKHSA nor Canada provide data by vax status by age band (not withstanding FOI requests by Profs Fenton and Neil of QMC to do just that). They can do what they want with those numbers.

Here is an example of PHS using this fraud to persuade Scots to get vaccinated...


"In the past four weeks from 08 January 2022 to 04 February 2022, the age-standardised rate of hospital admissions per 100,000 was 2.9 to 3.8 times lower in individuals with their third dose or booster dose of vaccine compared to unvaccinated individuals or have received one or two doses of a COVID-19 vaccine". – [PHS Covid19 Statistical Report Feb9](#)

But the very fact that both Canada and PHS apply Euro 2013 Age Standardised Mortality Rates to non mortality statistics shows us all we need to know about what is going on here. It is wholesale fraud and it is worldwide. And that brings us back to the observations of Dr Coetzee that Omicron is mild in the unvaxxed ([77% of South Africans in 2021 November](#)) and does not lead to hospitalisation or acute respiratory infection (in Southern Hemisphere Summer). The reason that Euro politicians tried to not only silence her but to persuade her to say the opposite of what she had found in her medical practice, is that she was threatening the basis for further vaccinations. She was actually pronouncing deliverance from a pandemic, which is great for the health of Europe. But the politicians are not interested in that health. Vaccination is the end they seek, not good health. Dr Coetzee has exposed their true motivation.

UKHSA and PHS Interpretation Warnings are Outright Frauds

UKHSA Note1 to Table13: *Comparing case rates among vaccinated and unvaccinated populations should not be used to estimate vaccine effectiveness against COVID-19 infection. Vaccine effectiveness has been formally estimated from a number of different sources and is summarised on pages 4 to 15 in [this report](#).*

PHS Note1 to Table12: *Data in this table should not be used as a measure of vaccine effectiveness due to unaccounted for biases and risk factors in different populations. For more information, please see the Interpretation of data and Vaccine effectiveness summary [sections above](#).*

On  13 of the Supplementary Appendix to Pfizer's seminal [Phase III clinical trial](#) of their BTN162b2 mRNA Covid vaccine, Pfizer defined and calculated the effectiveness of their vaccine as the normalised case rate ratio between the vaxxed and the unvaxxed as follows..

Efficacy Endpoint Subgroup	BNT162b2 (N ^a =23,040)		Placebo (N ^a =23,037)		VE (%)	(95% CI ^b)
	n1 ^b	Surveillance Time ^c (n2 ^d)	n1 ^b	Surveillance Time ^c (n2 ^d)		
First severe COVID-19 occurrence after dose 1	1	8.439 (22,505)	30	8.288 (22,435)	96.7	(80.3, 99.9)
After dose 1 to before dose 2	0	1.351 (22,505)	6	1.360 (22,435)	100.0	(14.5, 100.0)
Dose 2 to 7 days after dose 2	0	0.425 (22,170)	1	0.423 (22,070)	100.0	(-3783.5, 100.0)
≥7 Days after dose 2	1	6.663 (22,142)	23	6.505 (22,048)	95.7	(73.9, 99.9)

VE against severe occurrence after dose 1 was 1-1/30 = 29/30 = 0.96666 or 96.7%
 VE against severe occurrence after dose 1 and before dose 2 was 1-0/6 = 1 = 100%
 VE against severe occurrence from <7 days after Dose 2 was 1-0/1 = 1 = 100%
 VE against severe occurrence >=7 days after dose 2 was 1-1/23 = 22/23 = 0.9566 or 95.7%

Pfizer defined calculated and claimed Vaccine Efficacies of 96.7% for 1 dose and 95.7% for 2 doses using the very normalised case rate ratio that the UKHSA and PHS instruct readers NOT to use.

The numbers in the table 1, 0, 0, 1 for the vaccinated and 30, 6, 1, 23 for the unvaccinated, were actual case numbers not calculated case ratios. But they were also the respective case rates per 23k people because the numbers in each group were almost identical (23,040 vaxxed and 23,037 unvaxxed) as shown above under BNT162b2 and Placebo.

So PHS and the UKHSA are instructing their readers not to use the definition that all regulatory agencies relied upon in granting their emergency use Authorisations for the vaccines.

They are therefore instructing their readers not to use the correct definition of vaccine efficiency. That is a fraud. PHS go further in this fraud and represent that Pfizer’s formula should not be used on their raw data “due to unaccounted for biases and risk factors in different populations”.

It is true that any two populations unless randomly chosen, will have unaccounted for biases and risk factors influencing infection rates such as ethnicity, time vaccinated, age etc. But no government department has ever compensated for any of these confounding factors except for the factor of age using the irrelevant and inapplicable Euro 2013 Age Standardisation Mortality rates. Cases are not Deaths.

One cannot successfully compensate for age in Covid case numbers using Euro 2013 all cause mortality figures.. All cause 2013 Euro death rates do not vary with age in the same manner as 2019 Covid infection rates. Nobody in Europe in 2013 even knew there would be a pandemic in 2019 (although some Americans and some Chinese did possibly know it). PHS is just setting up the less statistically minded reader for a compensation fraud.

What these UKHSA and PHS warnings should say is that normalised case rate ratios are the correct way to calculate vaccine efficiencies and all the other figures in this report which do not equate to said correct calculation are inaccurate to the extent of their disparity there from.

The Danish Cover Up

Here are the Danish figures from their Statens Serum Institut: Nov21 to Dec25 – <https://ssi.dk/covid19/omikron/statusrapport/rapport-omikronvarianten-31122021-ct18>



Vaccination status (12+ year olds)	Other variants (No. of cases)	Other variants (%)	Omicron (No. of cases)	Omicron (%)
Not vaccinated	21,390	23.7	3,500	8.5
Received first dose	2,813	3.1	731	1.8
Completed primary vaccination schedule	56,532	62.5	29,781	72.0
Revaccinated	9,704	10.7	7,330	17.7
Total	90,439	100.0	41,342	100.0

So the ratio of double or triple vaxxed Omicron cases to unvaxxed cases is 37,111 to 3500 or 10.6 to 1. Whereas the vaccination rates at the mid point of the 34 day period on December 8 were 76.83% fully vaxxed, 0.14% singly vaxxed and 23.03% unvaxxed.

So the case rate ration between fully vaxxed and unvaxxed was $10.6 \times 23.03 / 76.83 = 3.18x$.

So the anti-vaccine efficiency against Omicron in Denmark was $(1 - 3.18) / 3.18 = -68.6\%$

The Expose published this on [2022January28](#). The response of the Statens Serum Institut in Denmark was to cease publication of their Omikron Status Report 9 days later on 2022February6, That is the Danish version of the Pfizergate cover up.

Conclusion

In Germany, in Australia, in Canada, in Denmark, in Scotland and in England we see the same pattern of events. A new variant comes out and the techies of the respective government stats departments do their job and get reasonably accurate statistics out for the new variant.

Then The Expose publishes an analysis of these virgin statistics which have not yet been defiled by politicians. That analysis reveals the truth that doubly vaccinated people now have almost fully blown VAIDS, and therefore the vaccines lead to more infections, more hospitalisations and more deaths than in the unvaccinated.

The politicians are then told about these articles. So all government stats departments must be avid readers of The Expose!

PHE certainly wasted no time in responding to my email. 24 hours later I rang them to speak to their chief statistics whizz about their figures. The response from their Public Accountability Office, was to ban me from communicating with them for 6 months.

I paid no attention to their ban of course, because they are supposed to be the Public Accountability Office and I am a member of the public to whom they are supposed to be accountable!

So some bright spark then explains to the politicians that their statistics defeat their drug pushing narrative and destroy the scientific basis for their snake bite genetic corruption mandates (not perhaps in so many words). The politicians then respond by instructing their stats departments to commit medical fraud and cover up the death, disability, pain and suffering that these vaccines cause.

That is the International Pfizergate cover up.

We know that government statistics people bend the truth to order, because Prof Graham Medley, the Head of Covid modelling for SAGE, admitted as much to Fraser Nelson of the Spectator Magazine





Yes and as Fraser succinctly declared, government stats departments indulge not in evidence based policy making but in policy based evidence making.

Pfizergate is the cover up of a multi-level, a 5 level, fraud. Their gene corrupting Trojans are a statistical fraud on top of a medical fraud on top of a hospital administration fraud on top of a regulatory body fraud on top of a genetic fraud.

1. The vaccine is a fraud

mRNA Covid shot = Vaccine (against Wuhan alpha spike) + Antivaccine against absolutely every pathogen known and unknown to man, which destroys the immune system at 6.57% of its remaining capability every week.

These vaccines are what software people call Trojans (after the Trojan horse given to Troy in Turkey by the Spartans from Greece) , They have the appearance of being a gift, having a genuine vaccinating effect from the

initial short term spike protein production, which is valid against Wuhan alpha at perhaps 85% and against Wuhan delta at perhaps 70% and against Omicron at perhaps 20%.

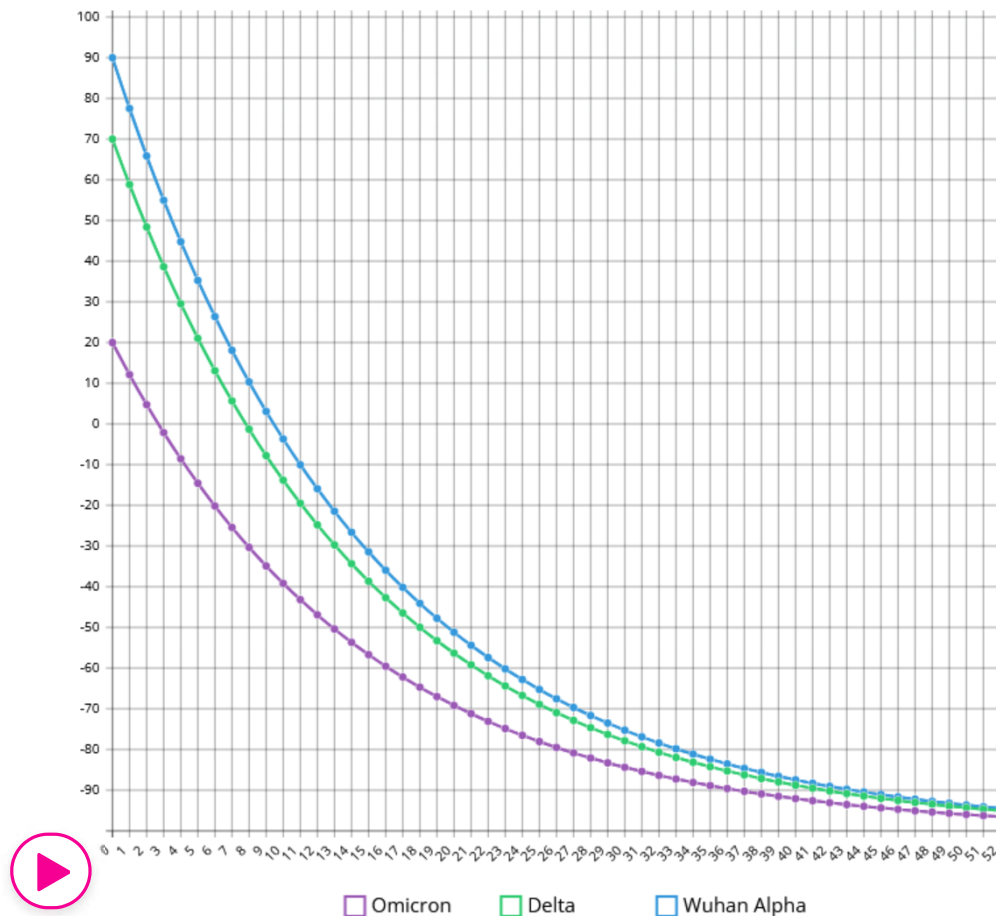
But they are combined with an anti vaccine, resulting from the medium and longer term spike protein production which destroys the immune system at a rate of around 4% of its remaining capability every week and which causes cardio vascular disasters and deaths especially in men and neurological degradation especially in women and cancers and recurring viral infections in both genders.

They are in fact an equal opportunities gene corrupter and health destroyer in both men and women and children. The advantage that older people have here, is that their bodies work more slowly and so are less efficient spike production factories than those of younger people. This is why we see the worse VAIDS figures in the middle aged.

So here precisely in full and glorious technicolour and Dolby Surround Sound and IMAX 3D in The Expose is what all Government stats departments do NOT want you to see. this is what they are trying to cover up.

Vaccine/Immune System Efficiency % by Week After 2nd Dose

$$VE_{Week(n+1)} = VE_{Week(n)} - 0.0657(VE_{Week(n)} + 100) = 0.9343VE_{Week(n)} - 6.57$$



These Graphs take the initial 2nd dose efficiency of the Vaccines as being 90%, 70% and 20% against Alpha, Delta and Omicron respectively and then reduce immune system efficiency by 6.57% of its remaining capacity above minus 100% each week.

We deduce the 6.57% figure for the fractional weekly loss of the balance of immune capacity left to lose above minus 100%, from the table below of believable UKHSA data...

Age group	Week35 Vaccine Efficacy	Week36 Decline	Week37 Decline	Week38 Decline	Week39 Decline	Week40 Decline	Week41 Decline	Week41 Vaccine Efficacy	Average Weekly Decline	Weeks from week41 (October11-17) before total immune system failure (100% degradation)
18-29	+53.2%	-2.5%	-1.9%	-4.0%	-4.3%	-7.0%	-8.6%	+24.9%	-4.7%	27 weeks (124.9/4.7)
30-39	+31.6%	-6.0%	-7.0%	-10.5%	-11.4%	-10.5%	-7.7%	-21.5%	-8.85%	9 weeks (78.5/8.85)
40-49	-21.1%	-5.2%	-5.3%	-8.1%	-6.9%	-5.6%	-3.2%	-55.4%	-5.7%	8 weeks (44.6/5.7)
50-59	-24.1%	-4.0%	-2.4%	-3.9%	-5.7%	-5.7%	-5.0%	-50.8%	-4.45%	12 weeks (49.2/4.45)
60-69	-27.5%	-4.2%	-2.9%	-4.2%	-2.1%	-5.8%	-4.0%	-50.7%	-3.9%	13 weeks (49.3/3.9)
70-79	-23.5%	-4.1%	+0.7%	-3.9%	-3.6%	-9.6%	-6.3%	-50.3%	-4.5%	12 weeks (49.7/4.5)
80+	+8.5%	-5.6%	-7.1%	-3.1%	-2.5%	-8.3%	-7.1%	-25.2%	-5.6%	13 weeks (74.8/5.8)
18+	-2.9%	-4.5%	-3.7%	-5.4%	-5.2%	-7.5%	-6.0%	-32.7%	-5.4%	

We assumed a linear immune system degradation in the table above. But that is a very crude approximation. Having looked at a lot of Covid data, we can now make a far more accurate mathematical projection for the time it will take doubly vaccinated people to develop full blown AIDS as follows.

The average Vaccine Efficiency in the entire table is $(-2.9\% - 32.7\%) / 2 = -17.8\%$ (82.2% left to lose) and the average weekly degradation rate is 5.4%. So the average weekly degradation rate at 0% vaccine efficacy (100% left to lose) would be higher at

$$5.4\% \times 100 / 82.2 = 6.569\%$$

Hence we take the weekly degradation as 6.57% in the graphs above..

$$\text{Week1} = \text{Week0} - 0.0657(\text{Week0} + 100) = 0.9343\text{Week0} - 6.57$$

$$\text{Week}(n+1) = \text{Week}(n) - 0.0657(\text{Week}(n) + 100) = 0.94\text{Week}(n) - 6.57$$

These figures will be fairly accurate for 2 dose immune system degradation. If you take a 3rd dose you will do better for perhaps 6 weeks, and then degrade at a faster rate and end up doing worse after perhaps 12 weeks.

The figures assume that spike production carries on unabated. We have seen some evidence that spike production may now have slowed down in the double vaxxed in the latest UKHSA figures. But they are so corrupt we cannot rely on them. Immune system degradation at 6 months after the 2nd jab as measured by the Omicron case rate ratio is -80% which is close to what was seen in Germany in the last week of 2021.

The graphs are asymptotic to -100% (decreasing exponentially) because we are losing 6.57% of an ever decreasing balance of immune capability.

The famous phrase from Virgil's Aeneid is **Timeo Danaos et dona ferrentes**

This literally means I fear the Greeks EVEN gifts carrying. From which the phrase **Beware of Greeks bearing gifts** is derived.

The writer would like to update that phrase to read: **Beware of Politicians giving away free medicines.**

What the mRNA vaccines should have been and still could be is....

- A. Not made from the spike protein of Wuhan Alpha but made from all the non spike proteins or Wuhan Alpha, Delta and Gamma together (like the flu vaccines)
- B. Substitution of Uracil with N1 Methylpseudouridine in vaccine mRNA
- C. One dose of 10ug not 3 doses of 30ug or 100ug

But even that is too experimental for a large rollout. The only safe vaccine would be the Novavax type of the above, which carries the non spike proteins but not their mRNA – the writer suspects. Novavax itself is made from the Wuhan alpha spike protein and so is pointless against Omicron (if you'll pardon the pun). And Novavax is not safe because the Spike proteins are all pathogens.

But a Novavax type intervention following ABC above would be the normal flu jab type intervention that would not have caused any significant number of deaths or heart attacks or neurodegenerative diseases and would have had a better effectiveness on Covid since it would not have degraded the immune system.

But then this was never about healthcare was it. It was about [genetic modification of humans](#) and the appropriation of our immune systems by drug dealers.

2) The regulators are frauds: Regulators are being [funded to licence lethal Pharmaceuticals](#) and to mandate lethal Covid protocols

Here is the MHRA response to a FOI request...

21st June 2021 FOI 21/624

Dear

Thank you for your email.

We do receive funding from the Bill and Melinda Gates Foundation as well as other sources outside government such as WHO. This funding mainly supports work to strengthen regulatory systems in other countries.

The majority of our income comes from the pharmaceutical industry through fees.

The largest funder of the WHO is the Bill and Melinda Gates Foundation (directly and through GAVI, the Global Alliance for Vaccines and Immunization).

So here the Gates empire which founded the Global Vaccine Action Plan in 2010 and the Pharmaceutical Industry as a whole, are funding our UK Medicine Regulator. The MHRA does not get much money in Pharmaceutical fees from Ivermectin or Hydroxy Chloroquine. If it permitted the use of those medicines in its Covid protocols I dread to think what might happen to MHRA Christmas bonuses.


There is a pattern to all the levels of Pfizergate fraud. And that pattern is people in power putting their wealth above other people's health.

3. Hospital administrations are frauds: Hospital administrations being paid to falsify Covid stats and to adhere to lethal globally prescribed Covid protocols

At the beginning of the pandemic 25% of Covid cases came from poor hygiene in Hospitals. Hospitals and Care homes together were responsible for over half the deaths of the pandemic before vaccination. One would have thought that by now hospitals would have got their acts together as care homes have done, and that their figures would have gone down.

But the financial temptation for those administrations which are more interested in financial remuneration than they are in moral integrity (and that is around 100% of all hospital administrations) is to identify every unvaxxed hospital case, every unvaxxed ICU case and every unvaxxed patient at death's door and give them a false positive Covid test by increasing the PCR cycles.

This enables hospital administrations to manufacture unvaxxed Covid admission numbers and unvaxxed Covid deaths at will. And this indeed is where the lie that vaccines although unable to protect against infection do in fact protect against hospitalisation and death, actually comes from.

The [Oxford Vietnam study](#) and the [CDC Barnstable study](#) showed that in July 2021 viral loads in the vaxxed were  as those in the unvaxxed. Since then viral loads have been higher in the vaxxed. So they are more infected, more likely to be hospitalised and more likely to die. Vaccines are supposed to reduce viral load not to increase it. Anything which increases viral load is an antivaccine not a vaccine.

The concept that Pfizer shots increase viral load whilst at the same time reducing hospitalisations and deaths is a medical impossibility. Having more enemy troops in your compound does not make you more likely to win the war. It makes you more likely to need help and more likely to lose it. But logic was the first casualty of this vaccine propaganda war.

All the trumpeted reductions in hospitalisations and deaths were manufactured by false positive or even by true positive Covid testing of unvaxxed patients in circumstances where vaxxed patients were not tested as frequently or with as many PCR cycles.

4. Medical staff who vaccinate have become frauds: Medical staff are being blackmailed through their practice licences to dispense lethal pharmaceuticals and misrepresent their safety and efficacy. They none of them are permitted to use their 10 years of medical training or their perhaps 20 years of clinical experience to judge for themselves in consultation with their patients, what the best treatment course would be. They have been turned into regulatory agency protocol enforcers by big Pharma remuneration.

The concept of a universal treatment protocol is a denial of the age old medical adage that there is no universal panacea for every patient for any one condition. We are all different and we therefore require different combinations of medications and/or surgery and/or dietary and/or other interventions to best treat our particular manifestation of a disease.

Applying a Big Pharma dictated regulator mandated hospital admin enforced universal medical protocol, is the equivalent of replacing a scalpel with a Swiss penknife in coronary bypass operation. It is bound to fail. But during that failure a lot of money will be made by all concerned before the patient inevitably dies. If said patient can be PCR tested Covid positive before he dies, then even more money can be made by the Covid vultures of this world.

5. Politicians are frauds: Politicians have somehow all morphed into Pharmaceutical Sales Representatives. It is the most incredible thing to see politicians begging people to take a 3rd flu shot, whilst refusing to fund even one dose of so many life saving anti cancer drugs. How has this happened?

Well the fraud is Global and it involves Vaccines. And all Goba Vaccination roads that I have gone down lead to one outfit. The Bill and Melinda Gates foundation

GVAP: 2010: The World Health Organization (WHO), UNICEF, the National Institute of Allergy and Infectious Diseases (NIAID) and the Bill & Melinda Gates Foundation have announced a collaboration to increase coordination across the international vaccine community and create a Global Vaccine Action Plan. <https://www.gatesfoundation.org/ideas/media-center/press-releases/2010/12/global-health-leaders-launch-decade-of-vaccines-collaboration>.

The Leadership Council is comprised of:

Dr. Margaret Chan, Director General of WHO;

Dr. Anthony S. Fauci, Director of NIAID, part of the National Institutes of Health;

Mr. Anthony Lake, Executive Director for UNICEF;

Ms. Joy Phumaphi, Chair of the International Advisory Committee and Executive Secretary, African Leaders Malaria Alliance

Dr. Tachi Yamada, President of Global Health at the Bill & Melinda Gates Foundation

GAVI, formerly known as the "Global Alliance for Vaccines and Immunization", provided the WHO with an additional \$150 million in 2018. One of GAVI's main donors is again the BMGF, with \$1.5 billion in 2016, for example."

"It can therefore be said that the BMGF and thus the Gates family and Warren Buffett are the main source of income for the WHO through direct and indirect channels, which raises questions about its independence from these sources of finance. In addition, the BMGF also provided funding for the establishment of the "Coalition for Epidemic Prevention Innovation" (CEPI), which is concerned with the research and development of vaccines, amounting to around \$100 million in 2017."

"In addition, the Foundation regularly supports non-governmental organizations such as PATH, which are involved in the development of vaccination technologies, with millions of dollars in funding. The list of BMGF's beneficiaries also includes the largest global pharmaceutical companies, such as Pfizer, Novartis, GlaxoSmithKline and Sanofi Aventis. The comprehensive influence of the BMGF in the vaccination sector is therefore obvious."

<https://www.weblyf.com/2020/05/how-bill-gates-funds-the-who-and-other-organizations/>

The Bill and Mellisa Gates Foundation set up GAVI in 1999 with a promise of \$750 million in funding. So it was never going to be a bit part actor in the vaccine movie. – <https://www.gavi.org/operating-model/gavis-partnership-model/bill-melinda-gates-foundation>

And of course the WHO, which provided the Wuhan HU1 1273 amino acid Coivd19 spike protein to the vaccine companies, has the BMGF directly or indirectly as its largest funder.

The other thing we know about William Gates Junior is that he is an absolute master at the total monopolisation of an industry.

There is no doubt that Bill Gates turned his attention to the Vaccination Industry in 1999 through GAVI and increased his efforts in 2010 through the GVAP. He pretty much controls the WHO, The entire medical system in most countries in the world has been corrupted by money. Bill Gates is one of the richest men in the world. He succeeded in monopolising the Computer Industry overtaking IBM in a few short years in the 80s.

How long would it take him to monopolise health care worldwide and become the sole antivirus provider for mankind? He has had 23 years in which to do it, counting from the founding and funding of GAVI. He monopolised computers from a standing start. He took on health care from the head start of already being one of the richest men in the world.

In short he has the means. He has the form. He has the capability. He has the talent. He has the experience. He has shown that he has the motive. He has had enough time and he has massive control over the main healthcare regulators.

So it appears to the writer that the Spike Protein Vaccines (especially the mRNA ones) and their global enforcement, and the global takeover of healthcare that has come with them, are the piece de resistance of one William Gates Junior. They are his Rachmaninov's 2nd, his Beethoven's 5th, his Mozart's 40th, his Shakespeare's Act 2 Scene 2, his Strauss's Danube and his Queen's Rhapsody. But they will never be his Zeppelin's Stairway to Heaven. And the time is soon coming when they will be his McCartney's Yesterday.

So I say to all those caught up in this 5 level fraud: There is no wealth without health. Therefore there is no economic security in corrupted healthcare

And I say to all those in the mainstream media who are sitting on the fence. This is bigger than Watergate you would be Woodward's and burnt out Bernsteins. Now who's gonna step up to the scoop?

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