

FDA and Pfizer Knew COVID Shot Caused Immunosuppression. What really happened in the first 90 days of the jab rollout? How many adverse events, including deaths, actually occurred?

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<https://takecontrol.substack.com/p/covid-shot-caused-immunosuppression>

*****EXCERPT*****

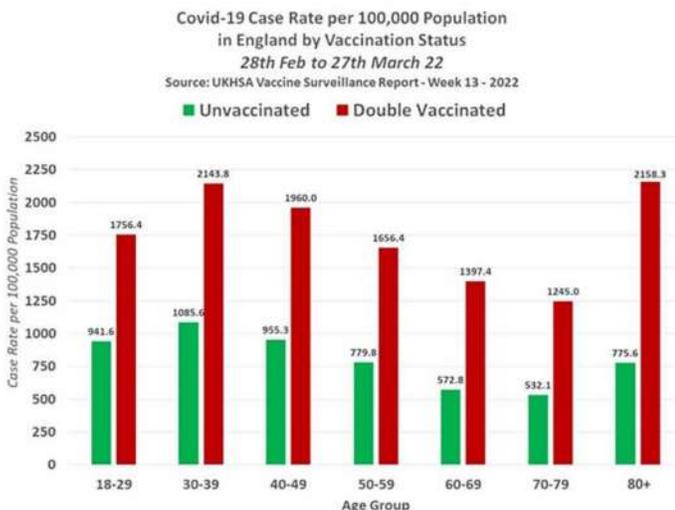
Fully Vaxxed Are More Likely to Die From COVID

The fact that Pfizer and the U.S. Food and Drug Administration were aware the shot caused immunosuppression is incriminating, now that U.K. government data show that, compared to the unvaccinated, those who have received two doses are:¹³

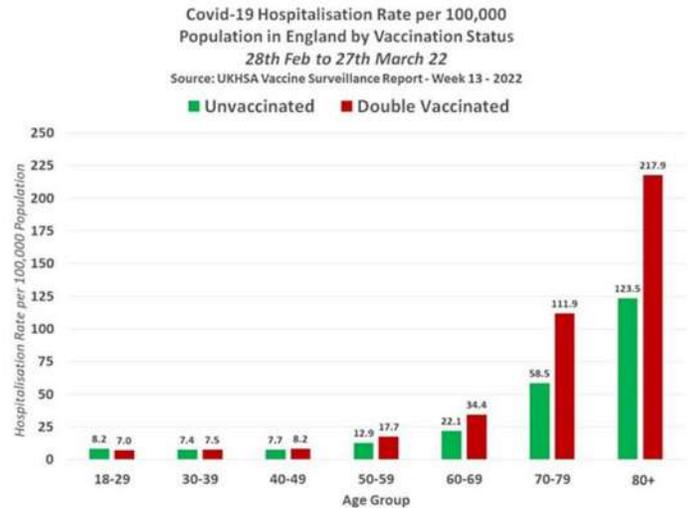
- Up to three times more likely to be diagnosed with COVID-19
- Twice more likely to be hospitalized with COVID-19
- Three times more likely to die of COVID-19

The Pfizer documents admit there was a temporary drop in immune function after the first dose, but the real-world data showing an increased risk of severe infection and death due to COVID among the double jabbed suggest ADE may indeed be at play later on as well.

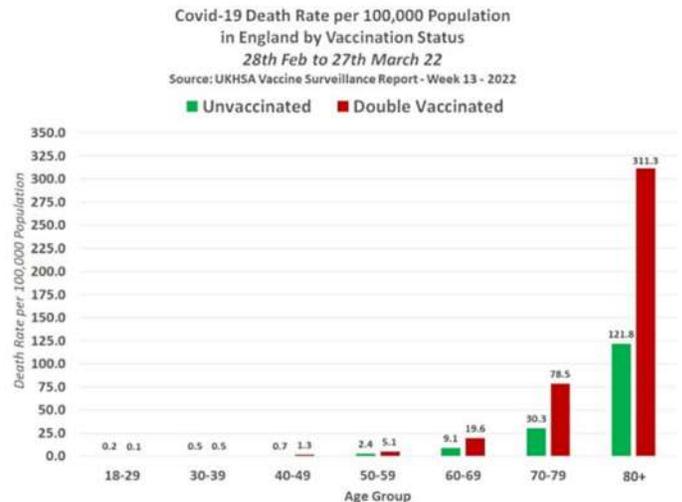
The chart below, created by the Daily Expose,¹⁴ using data from the UKHSA Vaccine Surveillance Report for week 13, 2022¹⁵ (pages 40 and 45), reveals who's more likely to get COVID. And the infection rate for triple-vaxxed is even higher than the double vaxxed.



The next chart was created by the Daily Expose¹⁶ using data from pages 41 and 45, comparing COVID hospitalization rates.



And, finally, there is a comparison of the death rates, based on pages 44 and 45 of the UKHSA Vaccine Surveillance Report for week 13, 2022.¹⁷ Anyone over the age of 40 who has been double jabbed is now more likely to die of COVID than an unvaccinated person of the same age.



Negative Vaccine Effectiveness in the Real World

The Daily Expose goes on to calculate and graph the real-world effectiveness rate of the COVID jab, and it's dire news:¹⁸

"If the rates per 100,000 are higher among the vaccinated, which they are, then this means the COVID-19 injections are proving to have a negative effectiveness in the real-world. And by using Pfizer's vaccine effectiveness formula we can accurately decipher what the real-world effectiveness among each age group actually is.

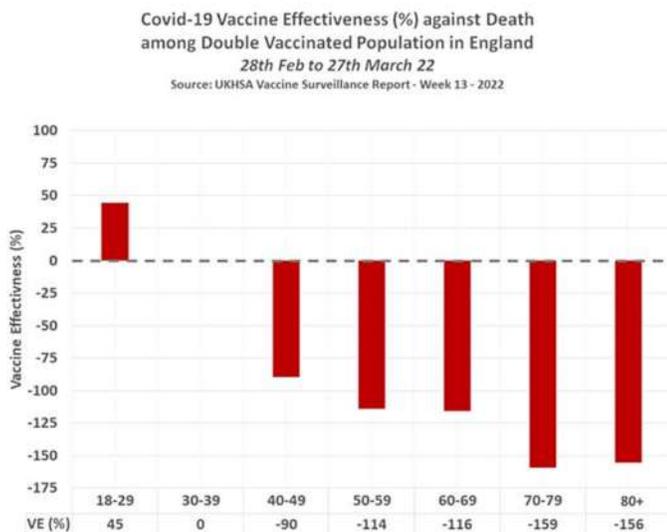
Pfizer's vaccine formula: $\text{Unvaccinated Rate per 100k} - \text{Vaccinated Rate per 100k} / \text{Unvaccinated Rate per 100k} \times 100 = \text{Vaccine Effectiveness} \dots$

This data shows that all double vaccinated people over age 18 are between 2 and 3 times more likely to be infected, with a minus-87% vaccine effectiveness among 18 to 29 year olds, and a minus-178% vaccine effectiveness among the over 80's.

[A]ll double vaccinated people over age 30 are between 0.2 and 2 times more likely to be hospitalized, with a minus-1% vaccine effectiveness among 30 to 39 year olds, and a minus-76% vaccine effectiveness among the over 80's.

The following chart shows the real world COVID-19 vaccine effectiveness against death among the double vaccinated population in England, based on the death rates provided above ...

[A]ll double vaccinated people over age 40 are between 2 and 3 times more likely to die of COVID-19, with a minus-90% vaccine effectiveness among 30 to 39 year olds, and a minus-156% vaccine effectiveness among the over 80's."



Pfizer Hired 600 to Process Unprecedented Report Load

For the last two years, we've been keeping an eye on the U.S. Vaccine Adverse Events Reporting System (VAERS), shaking our heads in disbelief as the numbers shot up by the hundreds every single week, rapidly outpacing injuries for every other vaccine combined over the past 32 years.¹⁹

As of March 25, 2022, there were 1,205,753 COVID job-related reports, including 145,781 hospitalizations and 26,396 deaths.²⁰ There has never been a medical product in modern history that can compare. Nothing has been as injurious and lethal as these experimental injections.

"Between December 2020 and the end of February 2021, Pfizer shipped out 126,212,580 doses of its mRNA jab worldwide. Divided by 158,000 side effects, we get an adverse event rate per dose of nearly 1:800."

In an earlier batch of documents, we learned Pfizer received 42,086 case reports containing a total of 158,893 events in the first three months of the rollout. In that release, the number of doses shipped was redacted, but in the April 1, 2022, release, it was left unredacted, which means we can now calculate the rate of adverse events reported to Pfizer in those first three months.

Between December 2020 and the end of February 2021, Pfizer shipped out 126,212,580 doses of its mRNA jab worldwide. Divided by 158,000 side effects, we get an adverse event rate per dose of nearly 1 in 800,²¹ which is just crazy irresponsible.

We now also have documentation showing Pfizer, by the end of February 2021, had hired 600 additional full-time employees to process the unprecedented influx of adverse event reports, and they predicted that by the end of June 2021, they'd end up hiring more than 1,800.²²

In the end, the COVID jab will go down in history as the biggest medical malfeasance ever to occur with the willing participation of both drug companies and regulatory agencies. And there's no end in sight.

In March 2022, the FDA went ahead and authorized doses 4 and 5, based on a preprint study^{23 24} that found a fourth Moderna shot was 11% effective and caused side effects in 40% of recipients, and a fourth Pfizer shot was 30% effective and caused side effects in 80% of people.

I'm not sure what it'll take for this public health nightmare to end and for the responsible parties to be held to account for their criminal negligence, but apparently, we've not hit critical mass outrage yet.

SOURCES AND REFERENCES [in this excerpt]

[13 Daily Expose April 3, 2022](#)

[14 Daily Expose April 3, 2022](#)

[15 UKHSA Vaccine Surveillance Report for week 13, 2022](#)

[16 Daily Expose April 3, 2022](#)

[17 UKHSA Vaccine Surveillance Report for week 13, 2022](#)

[18 Daily Expose April 3, 2022](#)

[19 The Defender April 5, 2022](#)

[20 OpenVAERS As of March 25, 2022](#)

[21 The Defender April 5, 2022](#)

[22 The Defender April 5, 2022](#)

[23 MedRxiv February 15, 2022, DOI:](#)

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[24 NEJM Correspondence March 16, 2022 DOI:](#)

[10.1056/NEJMc2202542](https://doi.org/10.1056/NEJMc2202542)