

# Government reports prove COVID Vaccination is causing Hundreds of Thousands to 'Die Suddenly' every week & Confidential Pfizer Docs. confirm your Government knew it would happen

[expose-news.com/2022/11/25/millions-have-died-suddenly-gov-knew-it-would-happen](https://expose-news.com/2022/11/25/millions-have-died-suddenly-gov-knew-it-would-happen)

By The Exposé

November 25, 2022



You may find some of the following claims initially hard to believe. But we can assure you that each and every one has been extracted from official Government approved documents.

If you are willing to read on then you are about to stumble on the most comprehensive selection of evidence that proves Covid-19 vaccination is in effect causing mass depopulation, and your Government knew it would happen.

We will reference each and every document for you to “fact check” the claims yourselves.

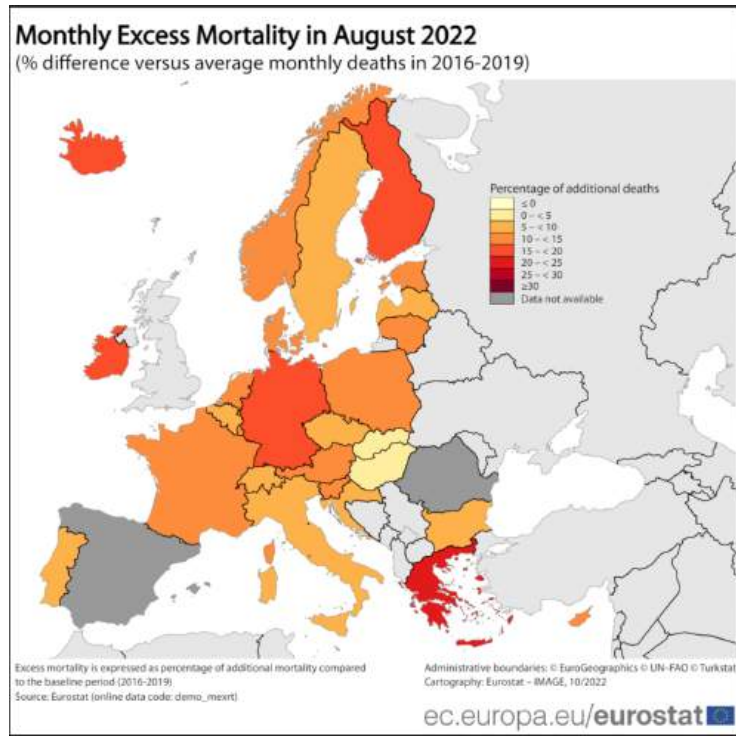
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## Excess Deaths

Europe is recording excess deaths against the 2016-2019 average on a weekly basis and has been all year.

Eurostat is the statistical office of the European Union, responsible for publishing high-quality Europe-wide statistics and indicators that enable comparisons between countries and regions.

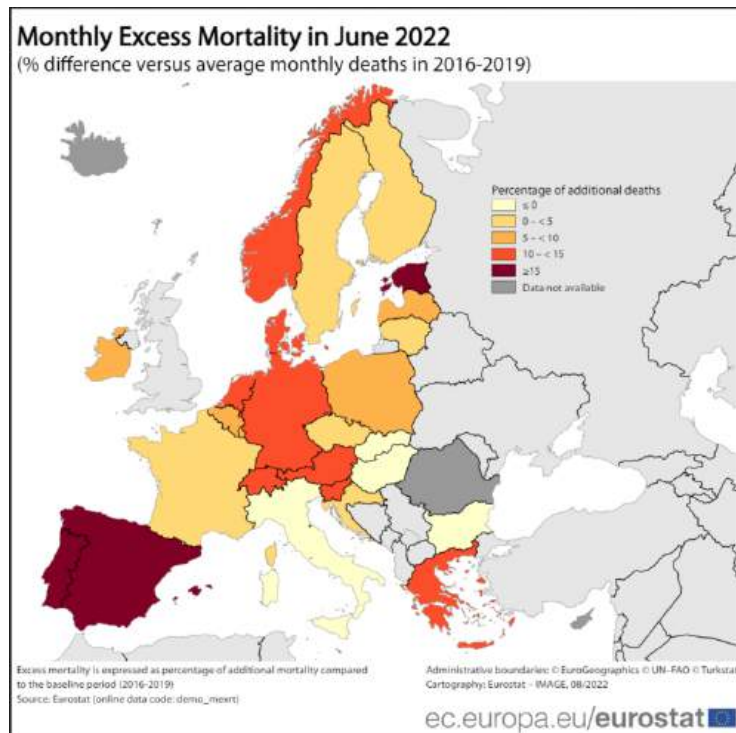
The following chart is taken from Eurostat's website and was published on the 13th of October 2022. It shows excess mortality across Europe for the month of August –



Source

The above isn't a one-off. It's been the same old story all year, but nobody is talking about it.

The following chart shows excess mortality in Europe for the month of June –

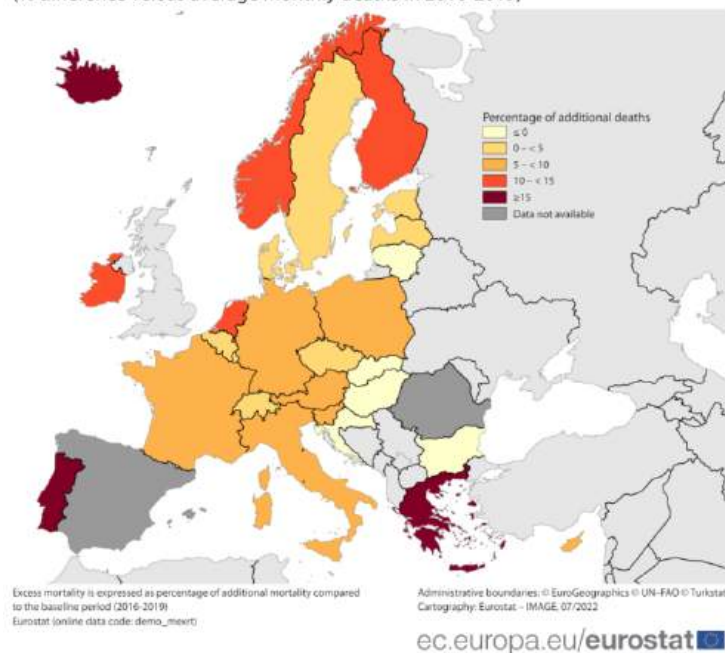


Source

It was a similar story across Europe in May 2022 as well –

## Monthly Excess Mortality in May 2022

(% difference versus average monthly deaths in 2016-2019)



### Source

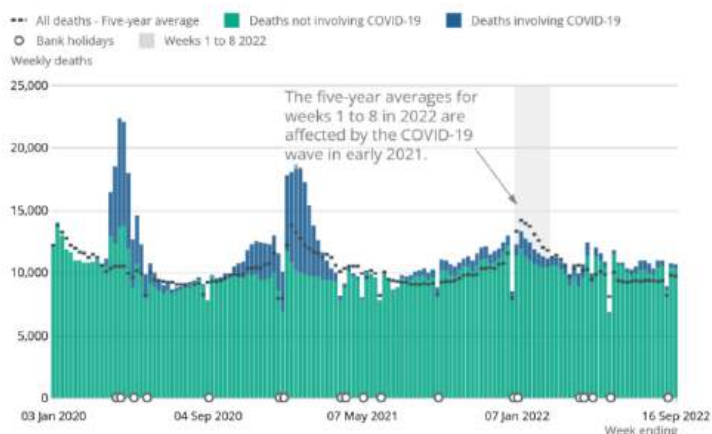
We're also seeing thousands of excess deaths every week across England and Wales.

The Office for National Statistics (ONS) publishes weekly figures on deaths registered in England and Wales.

The following chart, created by the Office for National Statistics (ONS), shows the number of deaths per week up to 16th September 2022, compared to the 5-year average, and it proves the trend of weekly excess deaths in 2022 began towards the end of April –

**Figure 1: Total deaths from all causes were above the five-year average in Week 37**

**Number of deaths registered by week, England and Wales, 28 December 2019 to 16 September 2022**

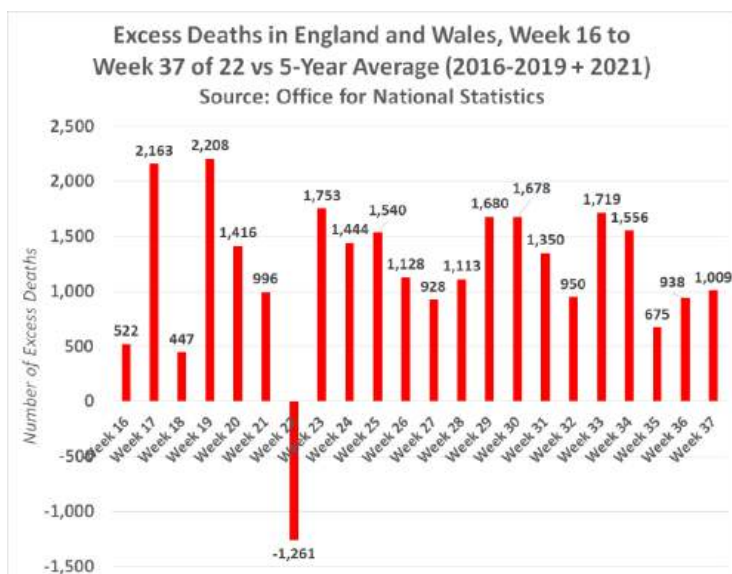


Source: Office for National Statistics - Deaths registered weekly in England and Wales

### Source

Because the graph provided by the ONS is poor for dissecting the death figures, we downloaded the official ONS figures on deaths, which you can do so yourself [here](#), and created charts to uncover the true severity of the situation since April 2022.

The following chart shows the number of excess deaths each week between week 16 and week 37 of 2022 compared to the five-year average –



The only week England and Wales did not record any excess deaths in the 22 weeks between 16th April and 16th September is week 22. However, this is most likely due to underreporting of deaths due to this week being the extended bank holiday weekend for the late Queen Elizabeth II's Platinum Jubilee.

The worst week for excess deaths during this period was week 19. This was the week ending 15th May and it saw 2,208 excess deaths across England and Wales.

Since then the average number of excess deaths per week has equated to 1,145.1, mainly ranging from around 1,000 to 1,700+ per week.

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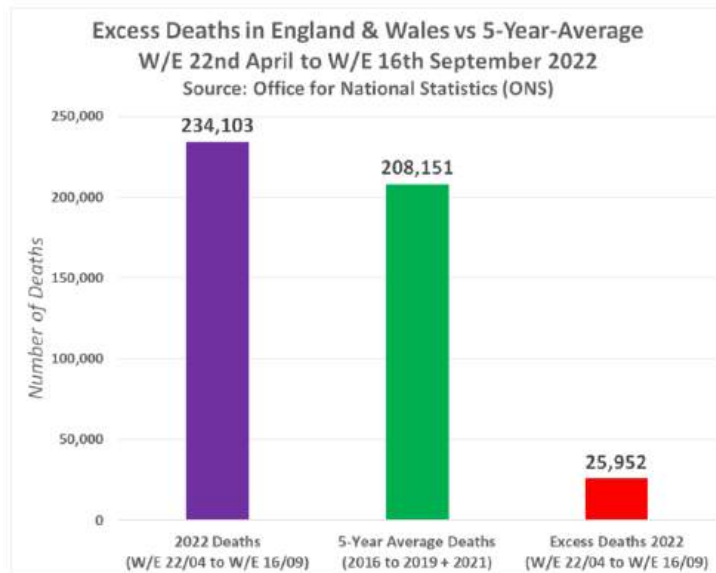
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The following chart shows the overall number of deaths between week 16 and week 37 of 2022 vs the five-year average number of deaths and the overall number of excess deaths in 2022 –



Sadly, nearly 26,000 more people have died than expected.

But let's return to Europe.

Official figures provided by 29 European countries confirm there have been more excess deaths in 2022 across Europe than in 2020 at the height of the Covid-19 pandemic, as well as in 2021 when a huge swathe of deaths occurred following the emergency use authorisation of the Covid-19 injections.

Unfortunately, analysis shows that the increase in 2022 is due to so many children and young adults now dying on a weekly basis.

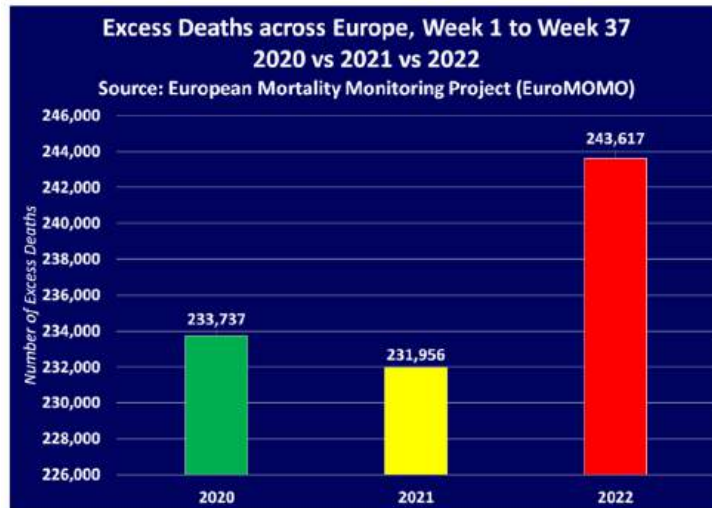
EuroMOMO is a European mortality monitoring activity. The organisation states that its aim is to “detect and measure excess deaths related to seasonal influenza, pandemics and other public health threats”.

Official national mortality statistics are provided weekly from the 29 European countries or subnational regions in the EuroMOMO collaborative network, supported by the European Centre for Disease Prevention and Control (ECDC) and the World Health Organization (WHO), and hosted by Statens Serum Institut, Denmark.

As of week 37, 2022, Europe had recorded 243,617 excess deaths.

During the same time frame in 2020 (week 0 to week 37), there were 233,737 excess deaths recorded. These were mostly labelled as Covid-19 deaths.

During the same time frame in 2021, there were 231,956 excess deaths. A large amount of these will have been labelled as Covid-19 in the winter of 2021, but the Covid-19 injections should have put a stop to both alleged Covid-19 deaths and a huge increase in excess deaths.



Source Data

Unfortunately, it didn't.

By week 37, Europe had officially recorded 9,880 more excess deaths in 2022 than it recorded in 2020 at the height of the pandemic.

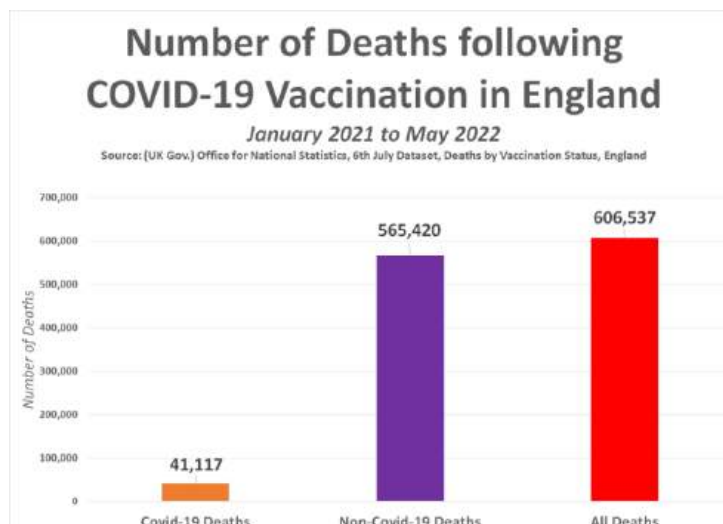
It has also officially recorded 11,661 more excess deaths in 2022 than it recorded in 2021, despite the fact, there was an alleged huge Covid-19 wave of deaths at the beginning of 2021.

The question is why?

Well, there is plenty of evidence out there to suggest it is the Covid-19 injections that are now contributing to the significant number of excess deaths still occurring week on week.

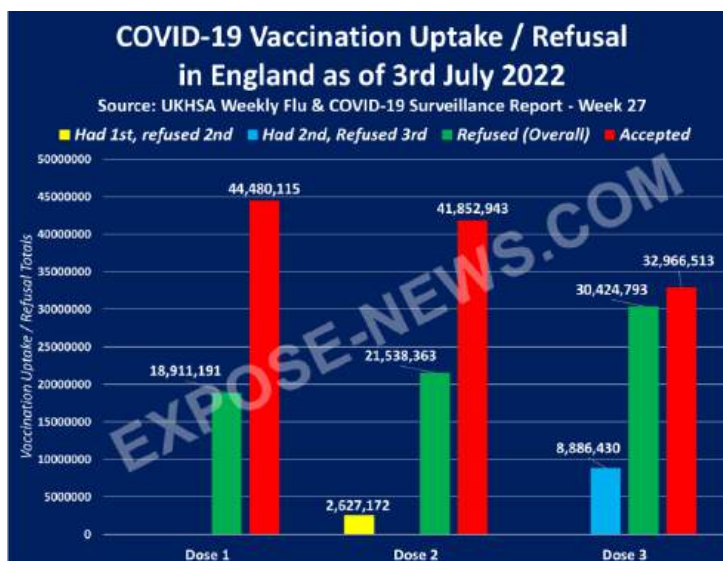
## **1 in every 73 Vaccinated People was dead by May 2022 in England**

The following chart shows the overall number of deaths following Covid-19 vaccination in England between 1st Jan 2021 and 31st May 2022 based on the figures provided by the ONS –



Source data

The following chart shows the total vaccination uptake vs the total vaccination refusal in England per dose –



The data in the chart has been extracted from page 65 of [the UK Health Security Agency Weekly National Influenza and Covid-19 Surveillance – Week 27 – report](#),

Therefore, based on the fact that 44.48 million people had received at least one dose of a Covid-19 vaccine in England, and 606,537 deaths among the vaccinated, this equates to 1 in every 73 Covid-19 vaccinated people having sadly died by the end of May 2022.

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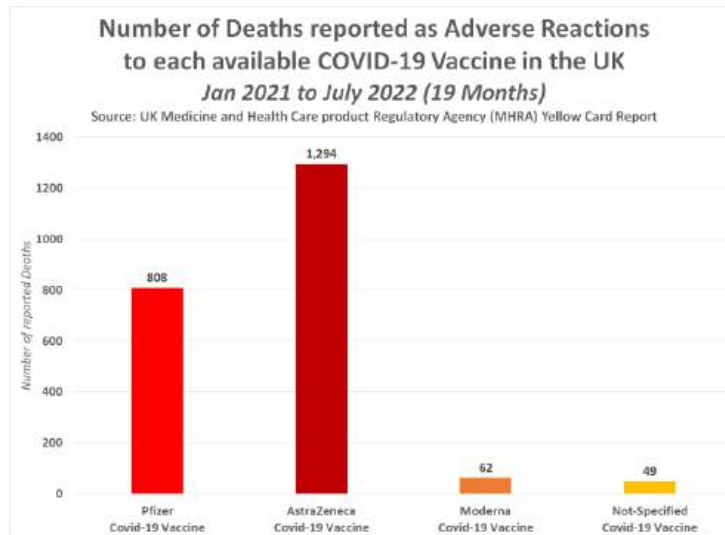
## **Covid-19 Vaccines are at least 75x deadlier than every other Vaccine combined**

The UK Medicine Regulator has confirmed that over a period of nineteen months the Covid-19 Vaccines have caused at least 5.5x as many deaths as all other available vaccines combined in the past 21 years.

This means, that when compared side by side, the Covid-19 injections are a shocking 7,402%/75x more deadly than every other vaccine available in the UK.

The UK Medicine Regulator revealed in response to a Freedom of Information request that they had received a total of 404 reported adverse reactions to all available vaccines (excluding the Covid-19 injections) associated with a fatal outcome between the 1st January 2001 and the 25th August 2021 – a time frame of 20 years and 8 months.

The UK Medicine Regulator also revealed that by July 13th 2022, they had received 2,213 reported adverse reactions to the Covid-19 vaccines associated with a fatal outcome.

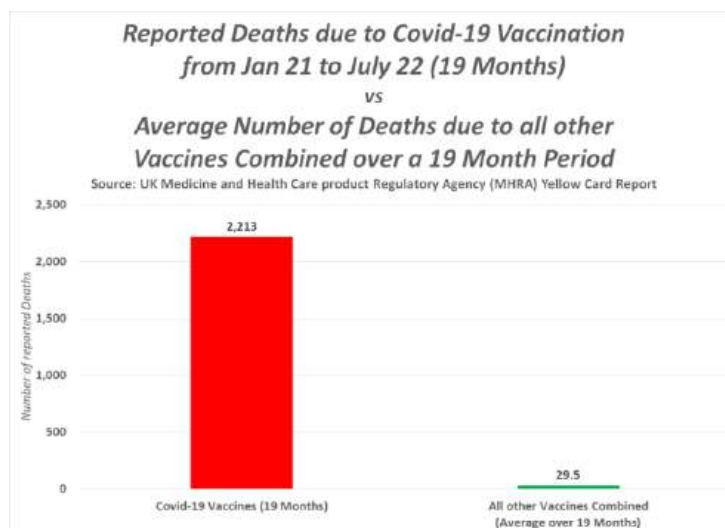


Source data

Twenty years and 8 months is a period that is 13.7 x longer than the nineteen-month period where the Covid-19 vaccines have been rolled out.

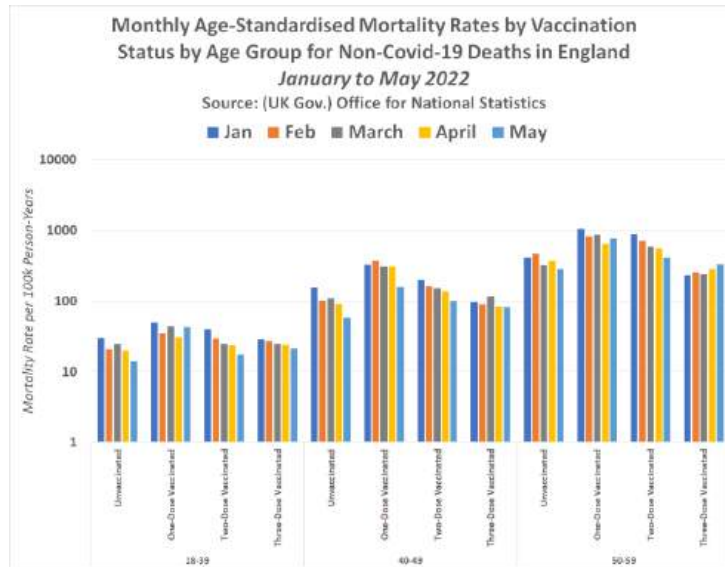
Therefore, the number of deaths reported to all other vaccines combined in the same time frame of nineteen months equates to 29.5 deaths.

This means the Covid-19 injections are proving to be a shocking 7,402%/75x more deadly than every other vaccine available in the UK.

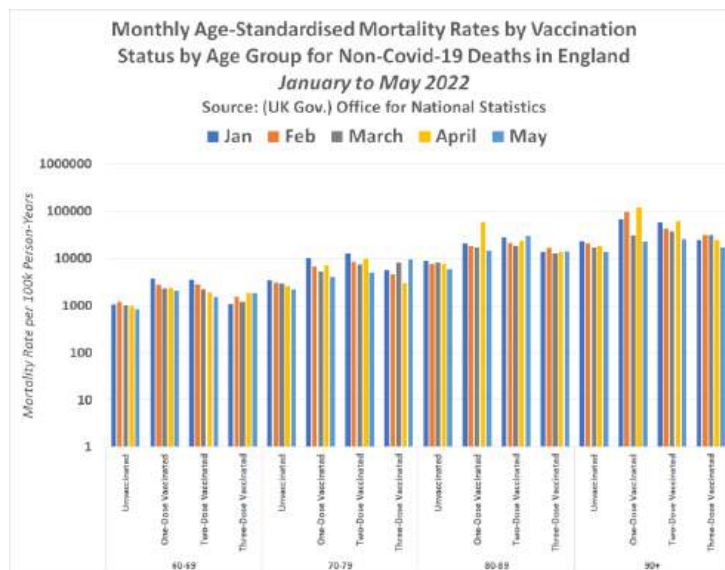


# Mortality Rates are lowest among the Unvaccinated in every single age-group

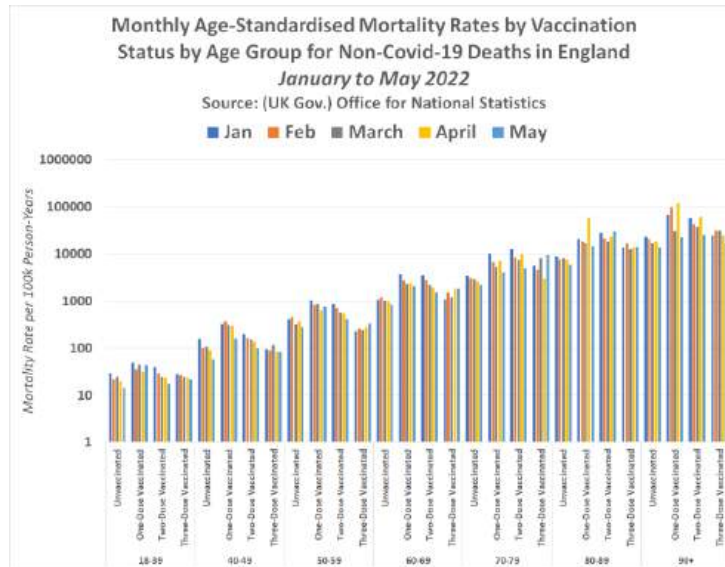
The following three charts show the monthly age-standardised mortality rates by vaccination status for non-Covid-19 deaths in England between January and May 2022 for all age groups. You can click each chart to enlarge it –



[Source Data](#)



[Source Data](#)



[Source Data](#)

The data has been extracted from table 2 of the UK's Office for National Statistics '[Deaths by Vaccination Status, England, 1 January 2021 to 31 May 2022](#)', which can be accessed on the ONS site [here](#), and downloaded [here](#).

In every single month since the beginning of 2022, the partly and double vaccinated among every single age group were more likely to die than the unvaccinated in the same age group. And by May 2022 at the latest, the triple vaccinated among every single age group were more likely to die than the unvaccinated in the same age group.

This cannot simply be explained by the fact more people are vaccinated because these are rates per 100,000 population.

## It takes approximately 5 months for Covid-19 Vaccination to kill thousands

The first Covid-19 injection was administered in England on 8th December 2021, and here are the figures on mortality rates by vaccination status in the following 4 months –



The data has been extracted from table 1 of the UK's Office for National Statistics '[Deaths by Vaccination Status, England, 1 January 2021 to 31 May 2022](#)', which can be accessed on the ONS site [here](#), and downloaded [here](#).

The unvaccinated were substantially more likely to die of any cause other than Covid-19 than the vaccinated population in both January and February 2021, before the rates seemed to normalise by the end of April.

But look at what happened from May 2021 onwards –

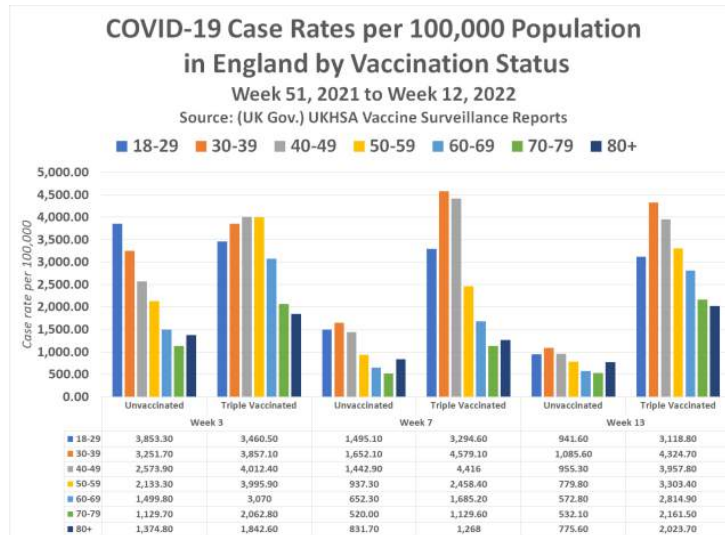


All of a sudden, the vaccinated population as a whole were more likely to die than the unvaccinated of any cause other than Covid-19, and this trend has continued month after month since.

So it should come as no surprise as to why approximately five months after the Covid-19 booster campaign, mortality rates among the triple vaccinated surpassed mortality rates among the unvaccinated.

## Covid-19 Vaccination weakens the Immune System

The following chart shows Covid-19 case rates per 100,000 by vaccination status in England between Week 51, 2021 and Week 12, 2022 –

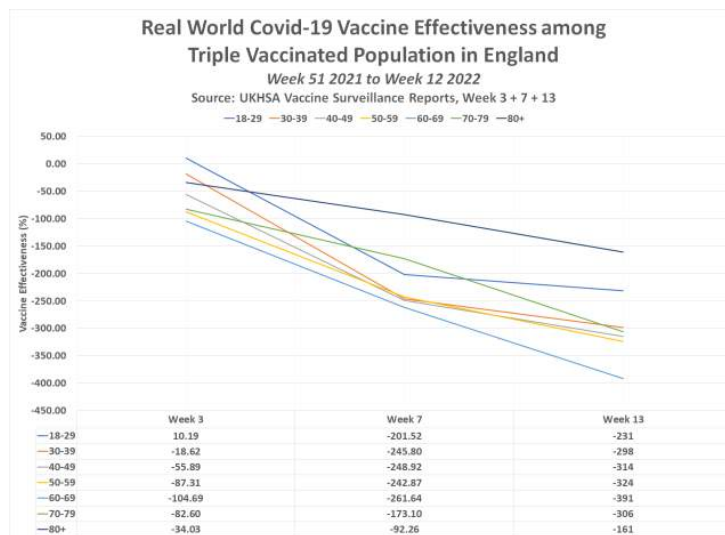


[Click to enlarge](#)

The data has been extracted from the tables found in the [Week 3](#), [Week 7](#) and [Week 13](#) UK Health Security Agency Vaccine Surveillance Reports.

The above shows a rapid improvement in case rates among the unvaccinated population in every single age group over three months, and a frightening rise in case rates per 100,000 among triple vaccinated individuals in every single age group over a period of three months.

In fact, the difference between the two groups was so significant that by week 12 of 2022, real-world vaccine effectiveness was proving to be as low as minus-391% among 60 to 69-year-olds. This had fallen from an already concerning effectiveness of minus-104.7% among the same age group by week 2 of 2022.

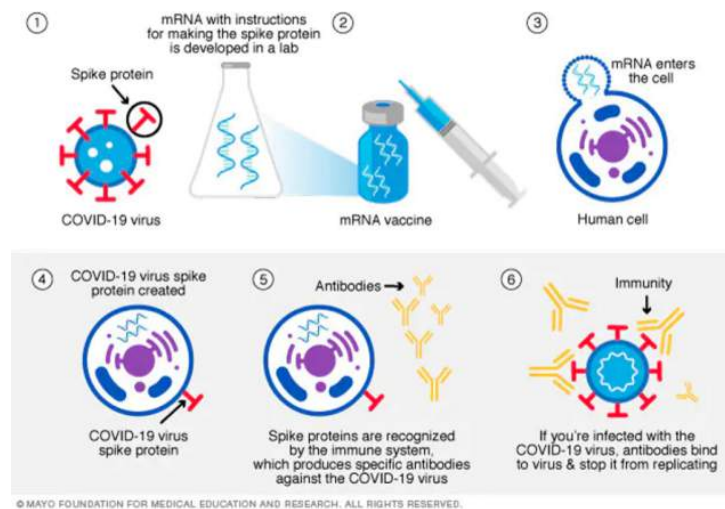


$$\text{Pfizer's Formula: } \frac{\text{Unvaccinated Case Rate} - \text{Vaccinated Case Rate}}{\text{Unvaccinated Case Rate}} \times 100 = \text{Vaccine Effectiveness}$$

But let us be absolutely clear. Despite a mass media campaign to have you believe getting a booster is essential to “top up your immunity” due to declining effectiveness, it is actually impossible for vaccine effectiveness to wane when it comes to the Covid-19

injections.

The Covid-19 vaccine is supposed to work by injecting mRNA into your body, which then invades your cells and instructs them to make the spike protein found in the alleged SARS-CoV-2 virus. Once your body has produced millions of spike proteins, your immune system is supposed to get to work, rid the body of the spike proteins, and then remember to release those same antibodies if you ever encounter the actual alleged SARS-CoV-2 virus.



So, when the authorities state that the effectiveness of the vaccines weaken over time, what they really mean is that the performance of your immune system weakens over time.

The problem we are seeing in the real-world data is that the immune system isn't returning to the natural state seen among most of the unvaccinated population. If it was we would be seeing vaccine effectiveness close to 0%, not a shocking minus-391%. This means Covid-19 vaccination is damaging the immune system, and we're seeing this reflected in Covid-19 death figures.

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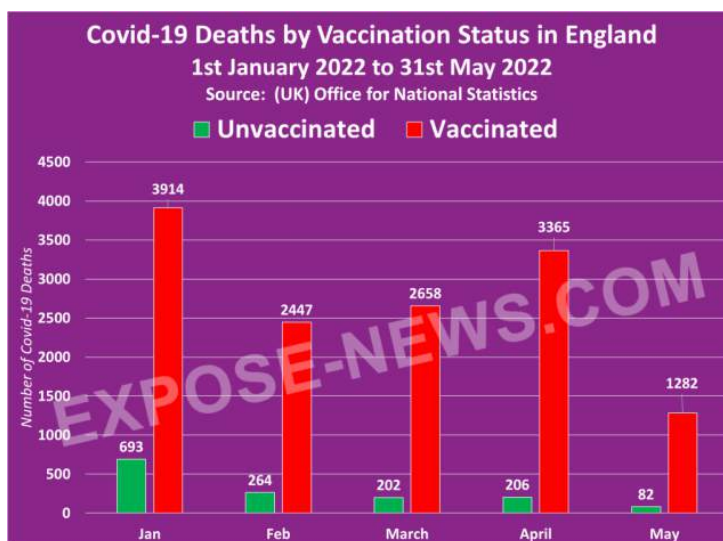
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**9 in every 10 Covid-19 Deaths in 2022 have been among the Vaccinated population**

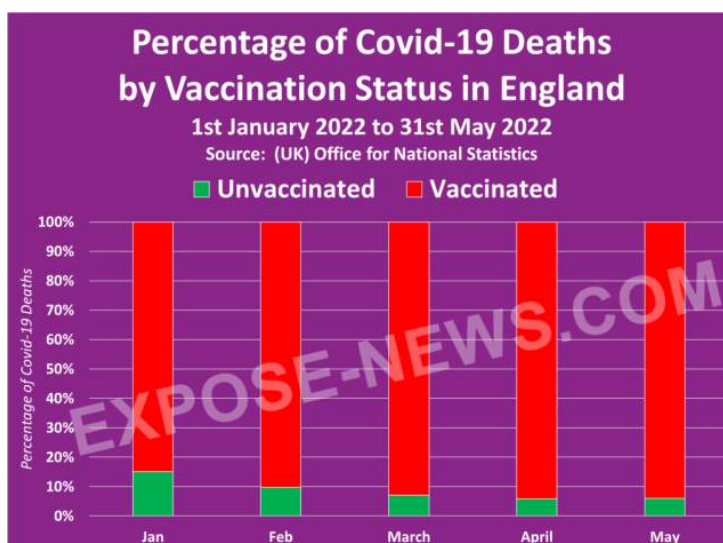
The following chart shows Covid-19 deaths per month by vaccination status in England between 1st January and 31st May 2022 –



The data has been extracted from table 1 of the UK's Office for National Statistics '[Deaths by Vaccination Status, England, 1 January 2021 to 31 May 2022](#)', which can be accessed on the ONS site [here](#), and downloaded [here](#).

January saw the most deaths among both the vaccinated and unvaccinated population in England, with 3,914 deaths among the vaccinated, and 693 deaths among the unvaccinated. However, this is where the similarities end because we can see that except for the month of May, deaths rose among the vaccinated from February onward, whilst falling among the unvaccinated.

The following chart shows the percentage of Covid-19 deaths by vaccination status per month in England between 1st January and 31st May 2022, according to the latest ONS dataset –



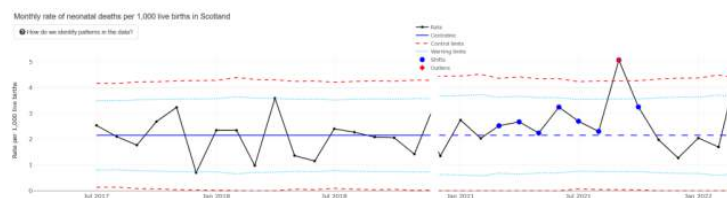
The above chart illustrates perfectly how things have worsened for the vaccinated month on month, whilst they have improved for the unvaccinated month on month.

In January, the vaccinated accounted for 85% of Covid-19 deaths, whilst the unvaccinated accounted for 15%. By March, the vaccinated accounted for 93% of Covid-19 deaths, whilst the unvaccinated accounted for just 7%. And by May, the vaccinated accounted for 94% of Covid-19 deaths, whilst the unvaccinated accounted for just 6%.

## **Newborn Baby Deaths are at critical levels & Birth Rates are falling**

Official figures reveal that the rate of neonatal deaths increased to 4.6 per 1000 live births in March 2022, a 119% increase on the expected rate of deaths in Scotland. This means the neonatal mortality rate breached an upper warning threshold known as the 'control limit' for the second time in at least four years.

The last time it breached was in September 2021, when neonatal deaths per 1000 live births climbed to 5.1. Although the rate fluctuates month to month, the figure for both September 2021 and March 2022 is on par with levels that were last typically seen in the late 1980s.



Source

Public Health Scotland (PHS) never formally announced they were launching an investigation, but this is what they are supposed to do when the upper warning threshold is reached, and they did so back in 2021.

At the time, PHS said the fact that the upper control limit has been exceeded “*indicates there is a higher likelihood that there are factors beyond random variation that may have contributed to the number of deaths that occurred*”.

However, on the 30th of September, the Scottish Government stepped in and announced it was finally commissioning a long overdue investigation into neonatal deaths across Scotland since the Covid-19 vaccine was first approved.

The Scottish Government says that “*the review will cover all reported deaths across Scotland between 1 April 2021 and 31 March 2022 to find out if there is anything that may have contributed to the increase. Anything identified will feed into recommendations and actions to improve the quality of care for mother and babies.*”

Meanwhile, official data coming out of Germany shows birthrates have dropped dramatically.

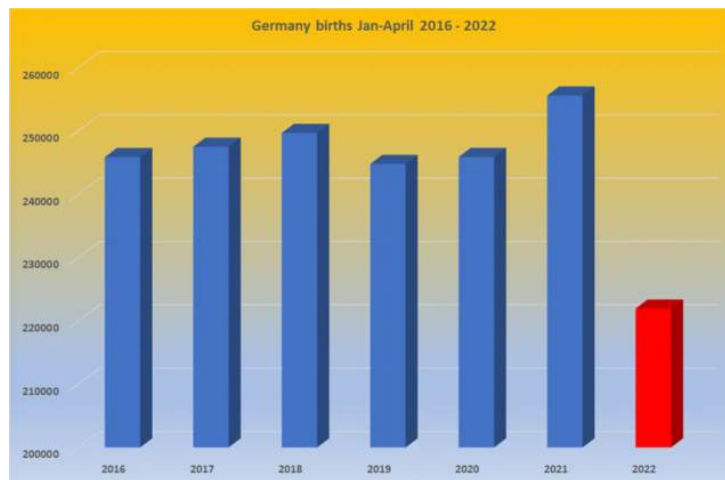
The official German birth data was recently released and updated to April 2022 and it continues to show an 11% drop from the average for the last 7 years and a 13% drop from 2021.

Birth statistics  
Germany  
Live births (number)

Year	Month	Male	Female	Total	Year	Total Jan-Apr
2018	January	33450	31952	65402	2018	249671
	February	29978	28511	58489		
	March	32749	30890	63639		
	April	31825	30316	62141		
2019	January	32598	30677	63275	2019	244772
	February	29273	27911	57184		
	March	31703	29976	61679		
	April	32130	30504	62634		
2020	January	32664	31049	63713	2020	245882
	February	30188	28512	58700		
	March	31646	30584	62230		
	April	31404	29835	61239		
2021	January	32883	31442	64325	2021	255581
	February	31076	29519	60595		
	March	34538	32522	67060		
	April	32571	31030	63601		
2022	January	29616	27993	57609	2022	221928
	February	26935	25613	52548		
	March	28529	27248	55777		
	April	28864	27130	55994		

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Source



Source

## Covid-19 Vaccination increases the risk of suffering a miscarriage by at least 1,517%

According to the Centers for Disease Control's (CDC) Vaccine Adverse Event Database (VAERS), as of April 2022, a total of 4,113 foetal deaths had been reported as adverse reactions to the Covid-19 injections, 3,209 of which were reported against the Pfizer injection.

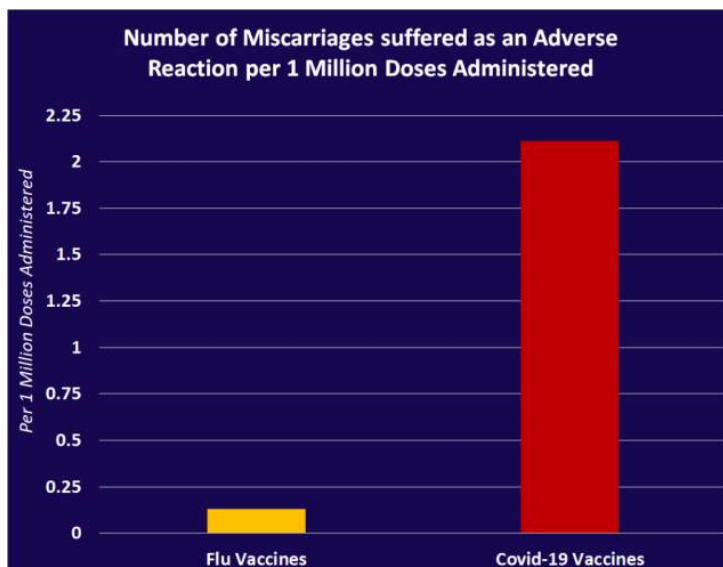
# 4,113 Fetal Deaths following COVID-19 vaccines 17 Months Time Period

Table		
Vaccine/Manufacturer	Count	Percent
<b>TOTAL</b>	† 4,382	† 106.54%
COVID19 / PFIZER/BIONTECH	3,209	78.02%
COVID19 / MODERNA	996	24.22%
COVID19 / JANSSEN	140	3.4%
UNK / UNKNOWN MANUFACTURER	21	0.51%
COVID19 / UNKNOWN MANUFACTURER	10	0.24%
HEPA / UNKNOWN MANUFACTURER	2	0.05%
TDAP / GLAXOSMITHKLINE BIOLOGICALS	1	0.02%
TD / SANOFI PASTEUR	1	0.02%
IPV / SANOFI PASTEUR	1	0.02%
FLUC4 / SEQIRUS, INC.	1	0.02%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 4113 (the number of cases found), and the Total Percentage is greater than 100.

The CDC has admitted that just 1 to 10% of adverse reactions are actually reported to VAERS therefore the true figure could be many times worse. But to put these numbers into perspective, there were only 2,239 reported foetal deaths to VAERS in the 30 years prior to the emergency use authorisation of the Covid-19 injections in December of 2020. (Source)

And a further study which can be viewed [here](#) found that the risk of suffering a miscarriage following Covid-19 vaccination is 1,517% higher than the risk of suffering a miscarriage following flu vaccination.

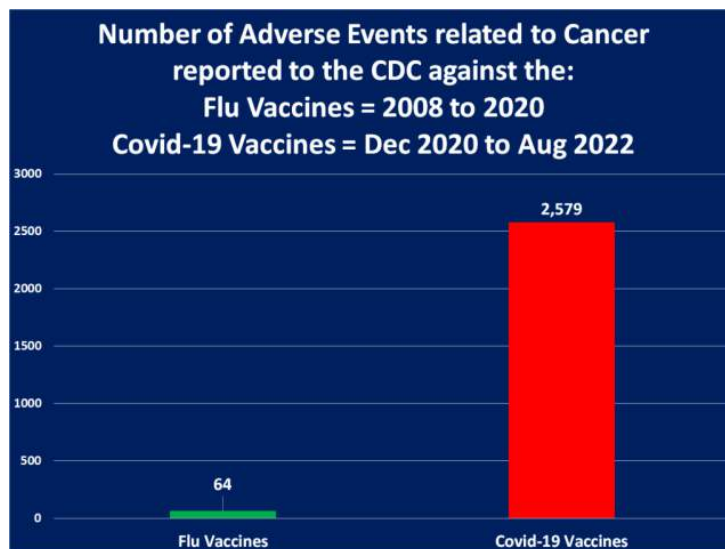


Source

The true risk could however actually be much higher because pregnant women are a target group for Flu vaccination, whereas they are only a small demographic in terms of Covid-19 vaccination so far.

## Covid-19 vaccination increases the risk of developing Cancer

The following chart shows the number of adverse events related to cancer reported to the Centers for Disease Control (CDC) in the USA against the Flu vaccines (2008 to 2020) and the Covid-19 vaccines (Dec 2020 to Aug 2022) –



Source

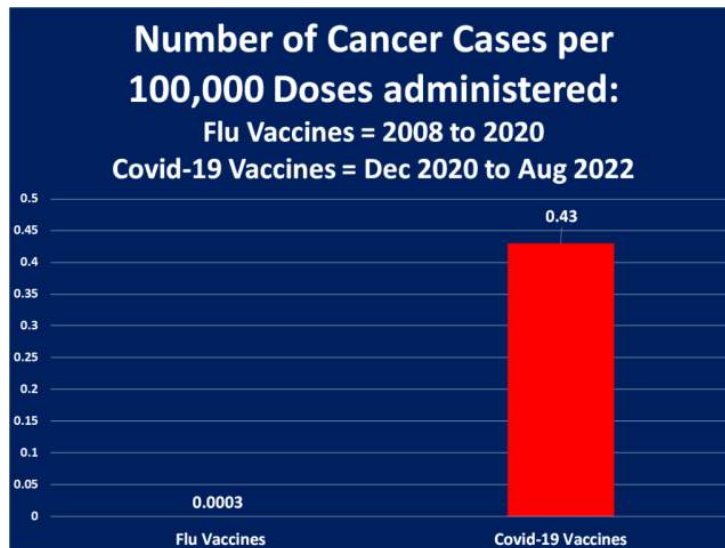
The data has been extracted from the CDC Vaccine Adverse Event Reporting System found [here](#).

Whilst shocking, the above doesn't properly represent the severity of the situation.

According to '[Our World in Data](#)', as of 9th August 2022, 606 million doses of the Covid-19 vaccines have been administered in the USA. This means there have been actually nearly 3x as many flu vaccines administered between 2008-2020 than Covid-19 injections since the end of 2020, let alone all of the other vaccines that have been administered.

Based on the above numbers provided by the CDC, the number of adverse events related to cancer reported per 100,000 doses of flu vaccine administered equates to just 0.0003 per 100,000 dose.

But the number of adverse events related to cancer reported per 100,000 doses of Covid-19 vaccine administered equates to 0.43 per 100,000 doses.



This means Covid-19 vaccination is 1433.33x more likely to cause cancer than flu vaccination suggesting it elevates the risk of cancer. And there is scientific evidence to explain how this can occur.

The homologous recombination DNA repair pathway is one of the mechanisms that the body uses to stop your cells from turning cancerous in response to environmental stress.

And in October 2021, two revered scientists, called Jiang and Mei, had a paper published, after peer review, in [MDPI](#), showing that the SARS-Cov-2 spike protein obliterated the DNA repair mechanism in lymphocytes.

The viral spike protein was so toxic to this pathway that it knocked 90% of it out. If the whole spike protein got into the nucleus (in the ovaries), and enough of it was produced and hung around long enough before the body was able to get rid of it all, it would cause cancer.

Fortunately, in the case of natural infection, this is unlikely to occur. But the experimental mRNA “vaccines” induce spike protein to be produced in and around the cell nucleus and this occurs for at least 60 days and almost certainly longer.

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**Depopulation**

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When we couple the fact hundreds of thousands of excess deaths are being recorded around the world every week with the fact birth rates are dropping and newborn baby deaths are at critical levels, we can see how this is going to lead to or is causing depopulation.

And when we couple that with the fact mortality rates are highest among the vaccinated in every single age group, Covid-19 vaccination damages the immune system and increases the risk of suffering a miscarriage, we can see how Covid-19 vaccination could be to blame for the situation.

However, there is plenty more evidence out there to confirm the fact that Covid-19 vaccination is entirely to blame for the ensuing depopulation, and that evidence is contained in confidential documents that were collated in early 2021, proving your Government knew all of this was about to happen and chose to do nothing about it.

## **90% of Covid-19 vaccinated pregnant women lost their baby but your Government and Medicine Regulators chose to ignore the data**

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The US Food and Drug Administration (FDA) attempted to delay the release of Pfizer's COVID-19 vaccine safety data for 75 years despite approving the injection after only 108 days of safety review on December 11th, 2020.

But in early January 2022, Federal Judge Mark Pittman ordered them to release 55,000 pages per month. They released 12,000 pages by the end of January.

Since then, PHMPT has posted all of the documents on its website. The latest drop happened on 1<sup>st</sup> June 2022.

One of the documents contained in the data dump is 'reissue\_5.3.6\_postmarketing\_experience.pdf'. Page 12 of the confidential document contains data on the use of the Pfizer Covid-19 injection in pregnancy and lactation.

Pfizer state in the document that by 28th February 2021 there were 270 known cases of exposure to the mRNA injection during pregnancy.

Forty-six-percent of the mothers (124) exposed to the Pfizer Covid-19 injection suffered an adverse reaction.

Of those 124 mothers suffering an adverse reaction, 49 were considered non-serious adverse reactions, whereas 75 were considered serious. This means 58% of the mothers who reported suffering adverse reactions suffered a serious adverse event ranging from uterine contraction to foetal death.

- 146 non-serious mother cases reported exposure to vaccine in utero without the occurrence of any clinical adverse event. The exposure PTs coded to the PTs Maternal exposure during pregnancy (111), Exposure during pregnancy (29) and Maternal exposure timing unspecified (6). Trimester of exposure was reported in 21 of these cases: 1st trimester (15 cases), 2nd trimester (7), and 3rd trimester (2).
- 124 mother cases, 49 non-serious and 75 serious, reported clinical events, which occurred in the vaccinated mothers. Pregnancy related events reported in these cases coded to the PTs Abortion spontaneous (25), Uterine contraction during pregnancy, Premature rupture of membranes, Abortion, Abortion missed, and Foetal death (1 each). Other clinical events which occurred in more than 5 cases coded to the PTs Headache (33), Vaccination site pain (24), Pain in extremity and Fatigue (22 each), Myalgia and Pyrexia (16 each), Chills (13) Nausea (12), Pain (11), Arthralgia (9), Lymphadenopathy and Drug ineffective (7 each), Chest pain, Dizziness and Asthenia (6 each), Malaise and COVID-19 (5 each). Trimester of exposure was reported in 22 of these cases: 1st trimester (19 cases), 2nd trimester (1 case), 3rd trimester (2 cases).

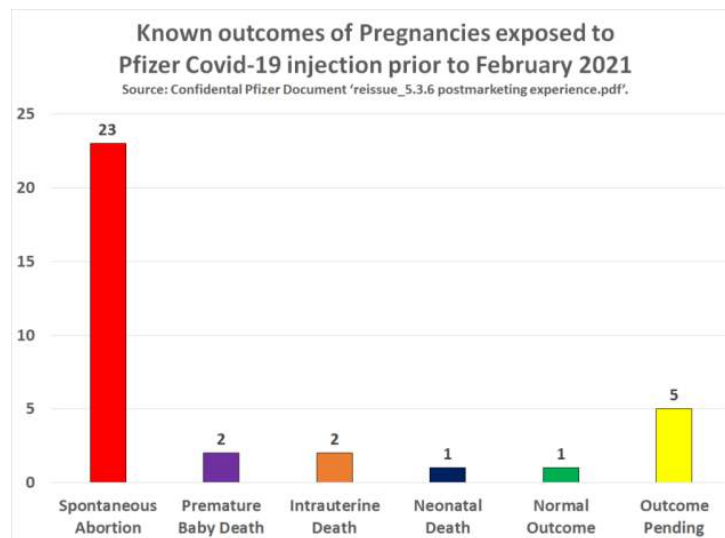
Source – Page 12

A total of 4 serious fetus/baby cases were reported due to exposure to the Pfizer injection.

- 4 serious fetus/baby cases reported the PTs Exposure during pregnancy, Foetal growth restriction, Maternal exposure during pregnancy, Premature baby (2 each), and Death neonatal (1). Trimester of exposure was reported for 2 cases (twins) as occurring during the 1st trimester.

But here’s where things get rather concerning. Pfizer state that of the 270 pregnancies they have absolutely no idea what happened in 238 of them.

But here are the known outcomes of the remaining pregnancies –



Source – Page 12

There were 34 outcomes altogether at the time of the report, but 5 of them were still pending. Pfizer note that only 1 of the 29 known outcomes were normal, whilst 28 of the 29 outcomes resulted in the loss/death of the baby. This equates to 97% of all known outcomes of Covid-19 vaccination during pregnancy resulting in the loss of the child.

When we include the 5 cases where the outcome was still pending it equates to 82% of all outcomes of Covid-19 vaccination during pregnancy resulting in the loss of the child. This equates to an average of around 90% between the 82% and 97% figures.

# Pfizer and Medicine Regulators hid dangers of Covid-19 Vaccination during Pregnancy due to Animal Study finding an increased risk of Birth Defects & Infertility

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Here's the guidance taken from the UK Government's 'REG 174 INFORMATION FOR UK HEALTHCARE PROFESSIONALS' document –

## **'Pregnancy**

*There are no or limited amount of data from the use of COVID-19 mRNA Vaccine BNT162b2.*

*Animal reproductive toxicity studies **have not been completed**. COVID-19 mRNA Vaccine BNT162b2 is **not recommended during pregnancy**.*

*For women of childbearing age, pregnancy should be excluded before vaccination. In addition, women of childbearing age should be advised to **avoid pregnancy for at least 2 months after their second dose**.*

6

## **Breast-feeding**

*It is unknown whether COVID-19 mRNA Vaccine BNT162b2 is excreted in human milk. A risk to the newborns/infants cannot be excluded. COVID-19 mRNA Vaccine BNT162b2 should not be used during breast-feeding.*

## **Fertility**

*It is **unknown** whether COVID-19 mRNA Vaccine BNT162b2 has an **impact on fertility**.'*

That's how the guidance read in December 2020 anyway. Unfortunately, just a month or so later, the UK Government and other Governments around the world revised that guidance to read as follows –

## **4.6 Fertility, pregnancy and lactation**

### Pregnancy

There is limited experience with use of the COVID-19 mRNA Vaccine BNT162b2 in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/foetal development, parturition or post-natal development (see section 5.3). Administration of the COVID-19 mRNA Vaccine BNT162b2 in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and foetus.

### Breast-feeding

It is unknown whether the COVID-19 mRNA Vaccine BNT162b2 is excreted in human milk.

### Fertility

Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3)

## Source – Page 7

This is still the official guidance as of June 2022, and leads to several questions requiring urgent answers when we consider since early 2021 pregnant women have been told Covid-19 vaccination is perfectly safe.

You only have to look at the things women were told to avoid during pregnancy prior to being told it's perfectly safe to take an experimental injection to realise something just isn't right here –

- Smoked fish,
- Soft cheese,
- Wet paint,
- Coffee,
- Herbal tea,
- Vitamin supplements,
- Processed Junk foods.

These are just to name a few, and the list is endless.

So let's start with the 'Pregnancy' section of the official guidance. In December 2020 the guidance stated '*Covid-19 vaccination is not recommended during pregnancy*'. Just a month or so later this guidance stated '*Animal studies do not indicate harmful effects with respect to pregnancy etc.*'

So let's take a look at the animal studies in question.

But before we do it's worth pointing out that the official guidance states, as of June 2022, that '*administration of the COVID-19 mRNA Vaccine BNT162b2 in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and foetus*'. So why on earth has every single pregnant woman up and down the land been actively coerced into getting this injection?

The limited animal study talked about in the official guidance actually uncovered the risk of significant harm to the developing foetus, but medicine regulators in the USA, UK and Australia actively chose to remove this information from public documents.

The actual study can be viewed in full [here](#) and is titled '*Lack of effects on female fertility and prenatal and postnatal offspring development in rats with BNT162b2, a mRNA-based COVID-19 vaccine*'.

The study was performed on 42 female Wistar Han rats. Twenty-one were given the Pfizer Covid-19 injection, and 21 were not.

Here are the results of the study –

Table 3. Summary of rat fetal examination data from the embryo fetal development study with control (saline) and BNT162b2 (n = 21 rats per group).

	Control (saline)	BNT162b2	CRL-Lyon HC <sup>a</sup>
<b>Ribs</b>			
Supernumerary cervical – [A]	3/3 (2.1)	–	11 (4.5)
Supernumerary lumbar – [A]	3/3 (2.1)	6/12 (8.3)	17 (9.7)
Supernumerary lumbar, short – [V]	17/57 (39.6)	18/71 (49.3)	500 (56.1)
Thick – [A]	1/2 (1.4)	3/4 (2.8)	57 (11.2)
Wavy – [A]	–	1/1 (0.7)	13 (3.4)

#### Source

The results of the number of foetuses observed to have supernumerary lumbar ribs in the control group were 3/3 (2.1). But the results of the number of foetuses to have supernumerary lumbar ribs in the vaccinated group were 6/12 (8.3). Therefore on average, the rate of occurrence was 295% higher in the vaccinated group.

Supernumerary ribs also called accessory ribs are an uncommon variant of extra ribs arising most commonly from the cervical or lumbar vertebrae.

So what this study found is evidence of abnormal foetal formation and birth defects caused by the Pfizer Covid-19 injection.

But the abnormal findings of the study don't end there. The 'pre-implantation loss' rate in the vaccinated group of rats was double that of the control group.

Table 2. Cesarean section observations and fetal weights from the female rats in the cesarean section cohort administered control (saline) or BNT162b2.

	Control (saline)	BNT162b2	CRL-Lyon HC Mean (min-max) <sup>a</sup>
C-Section Cohort (n) <sup>b</sup>	21	21	–
Gravid uterine weight (g)	86.32 ± 7.69 <sup>c</sup>	87.65 ± 13.48	75.6 (64.6–86.8)
Corpora lutea	14.7 ± 1.6	15.5 ± 2.1	13.2 (11.6–14.3)
Implantation sites	14.1 ± 1.6	14.0 ± 2.2	12.1 (10.4–13.8)
Pre-implantation loss (%)	4.09 ± 6.56	9.77 ± 8.09 <sup>e</sup>	8.4 (1.4–16.2)
Post-implantation loss (%)	6.10 ± 7.64	5.85 ± 7.28	8.8 (2.4–17.3)
Number live fetuses	13.2 ± 1.6	13.1 ± 2.1	11.0 (9.3–12.7)
Mean fetal body weight (g)	4.89 ± 0.23	4.90 ± 0.30	5.09 (4.87–5.24)

Source

Pre-implantation loss refers to fertilised ova that fail to implant. Therefore, this study suggests that the Pfizer Covid-19 injection reduces the chances of a woman being able to get pregnant. So, therefore, increases the risk of infertility.

So with this being the case, how on earth have medicine regulators around the world managed to state in their official guidance that “*Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy*”? And how have they managed to state “*It is unknown whether the Pfizer vaccine has an impact on fertility*”?

The truth of the matter is that they actively chose to cover it up.

We know this thanks to a ‘Freedom of Information (FOI) request made to the Australian Government Department of Health Therapeutic Goods Administration (TGA).

A document titled ‘Delegate’s Overview and Request for ACV’s Advice’ that was created on 11th January 2021 was published under the FOI request. Page 30 onwards of the document shows a ‘review of the product information’, and highlights changes that should be made to the ‘Non-clinical evaluation report’ prior to official publication.

The changes were requested to be made by Pfizer prior to the next product information update.

Some of those requested changes were as follows –

4. Please revise the PI statement according to the recommendations made by the Module 4 evaluator below:

#### 4.6 Fertility, pregnancy and lactation

##### *Effects on fertility*

The statement proposed in Section 5.3 *Preclinical safety data – Reproductive toxicity* should be moved here with minor modification.

*"In a combined fertility and developmental toxicity study, female rats were intramuscularly administered COMIRNATY prior to mating and during gestation (4 full human doses of 30 µg each, spanning between pre-mating day 21 and gestation day 20). SARS CoV-2 neutralising antibodies were present in maternal animals from prior to mating to the end of the study on postnatal day 21 as well as in fetuses and offspring. There were no vaccine related effects on female fertility and pregnancy rate. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see Section 5.3 Preclinical safety data)."*

The Module 4 evaluator requested Pfizer remove their claim that "Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity".

Why?

As discussed in the assessment, Pregnancy Category B2 is considered appropriate for this product. Following changes are recommended.

"Pregnancy Category B2

There is limited experience with use of COMIRNATY in pregnant women. *Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/fetal development, or post-natal development (see Effects on fertility Section 5.3 Preclinical safety data).* Administration of COMIRNATY in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and fetus."

The Module 4 evaluator told Pfizer that 'Pregnancy Category B2' was considered appropriate and requested that they added the following line –

"A combined fertility and developmental toxicity study in rats showed increased occurrence of supernumerary lumbar ribs in fetuses from COMIRNATY- treated female rats".

But here's a reminder of how the official document issued to the general public reads –

##### **Use in pregnancy - Pregnancy Category B1**

There is limited experience with use of COMIRNATY in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/fetal development, parturition or post-natal development (see Effects on fertility). Administration of COMIRNATY in pregnancy should only be considered when the potential benefits outweigh any potential risks for the mother and fetus.

#### Source – Page 7

The pregnancy category was changed to 'B1', no line was included on the increased occurrence of supernumerary lumbar ribs in fetuses, and they instead included the line that was requested to be removed claiming "*Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy...*".

Here's the official description of the pregnancy categories –

### Category B1

Drugs which have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human fetus having been observed.

Studies in animals have not shown evidence of an increased occurrence of fetal damage.

### Category B2

Drugs which have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human fetus having been observed.

Studies in animals are inadequate or may be lacking, but available data show no evidence of an increased occurrence of fetal damage.

### Source

That's quite a big difference between the two categories. But the fact that the Module 4 evaluator even thought Pregnancy Category B2 was appropriate is highly questionable when you consider the results, as we revealed above, of the "inadequate" and extremely small animal study that was performed to evaluate the safety of administering the Pfizer Covid-19 injection during pregnancy.

## **Confidential Pfizer Documents reveal the Covid-19 Vaccine accumulates in the Ovaries; now cases of Ovarian Cancer are at an all-time high**

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Another study, which can be found in the long list of confidential Pfizer documents that the FDA have been forced to publish via a court order here, was carried out on Wistar Han rats, 21 of which were female and 21 of which were male.

Each rat received a single intramuscular dose of the Pfizer Covid-19 injection and then the content and concentration of total radioactivity in blood, plasma and tissues were determined at pre-defined points following administration.

In other words, the scientists conducting the study measured how much of the Covid-19 injection has spread to other parts of the body such as the skin, liver, spleen, heart etc.

But one of the most concerning findings from the study is the fact that the Pfizer injection accumulates in the ovaries over time.

An 'ovary' is one of a pair of female glands in which the eggs form and the female hormones oestrogen and progesterone are made.

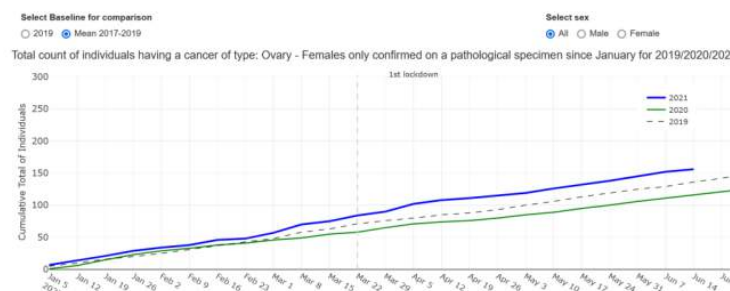
Sample	Total Lipid concentration (µg lipid equivalent/g [or mL]) (males and females combined)						
	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h
Lymph (mandibular)	0.064	0.189	0.290	0.408	0.534	0.554	0.727
Lymph node (mesenteric)	0.050	0.146	0.530	0.489	0.689	0.985	1.37
Muscle	0.021	0.061	0.084	0.103	0.096	0.095	0.192
Ovaries (females)	0.104	1.34	1.64	2.34	3.09	5.24	12.3
Pancreas	0.081	0.207	0.414	0.380	0.294	0.358	0.599
Pituitary gland	0.339	0.645	0.868	0.854	0.405	0.478	0.694
Prostate (males)	0.061	0.091	0.128	0.157	0.150	0.183	0.170
Salivary glands	0.084	0.193	0.255	0.220	0.135	0.170	0.264
Skin	0.013	0.208	0.159	0.145	0.119	0.157	0.253
Small intestine	0.030	0.221	0.476	0.879	1.28	1.30	1.47
Spinal cord	0.043	0.097	0.169	0.250	0.106	0.085	0.112
Spleen	0.334	2.47	7.73	10.3	22.1	20.1	23.4
Stomach	0.017	0.065	0.115	0.144	0.268	0.152	0.215
Testes (Males)	0.031	0.042	0.079	0.129	0.146	0.304	0.320
Thymus	0.088	0.243	0.340	0.335	0.196	0.207	0.331
Thyroid	0.155	0.536	0.842	0.851	0.544	0.578	1.00
Uterus (females)	0.043	0.203	0.305	0.140	0.287	0.289	0.456
Whole blood	1.97	4.37	5.40	3.05	1.31	0.909	0.420
Plasma	3.97	8.13	8.90	6.50	2.36	1.78	0.805
Blood: plasma ratio	0.815	0.515	0.550	0.510	0.555	0.530	0.540

In the first 15 minutes following injection of the Pfizer jab, researchers found that the total lipid concentration in the ovaries measured 0.104ml. This then increased to 1.34ml after 1 hour, 2.34ml after 4 hours, and then 12.3ml after 48 hours.

The scientists, however, did not conduct any further research on the accumulation after a period of 48 hours, so we simply don't know whether that concerning accumulation continued.

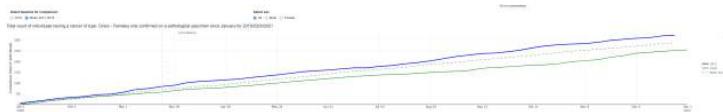
But official UK data published by Public Health Scotland, which can be found [here](#), offers some concerning clues as to the consequences of that accumulation on the ovaries.

Figures for the number of individuals suffering from ovarian cancer show that the known trend in 2021 was significantly higher than 2020 and the 2017-2019 average.



Ovarian Cancer – [Source](#)

The above chart shows up to June 2021, but the charts found on Public Health Scotland's dashboard now show figures all the way up to December 2021 and unfortunately reveal that the gap has widened even further with the number of women suffering Ovarian cancer increasing significantly.



[Click to enlarge](#)

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**Confidential Pfizer documents reveal evidence of autoimmune disease and Vaccine-Associated Enhanced Disease, but your Government and Medicine Regulators chose to ignore it**

Here's what Pfizer revealed to the FDA in regard to Vaccine-Associated Enhanced Disease in full –

BNT162b2  
5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

**Table 5. Important Potential Risk**

Topic	Description
<b>Important Potential Risk</b>	<b>Post Authorization Cases Evaluation (cumulative to 28 Feb 2021) Total Number of Cases in the Reporting Period (N=42086)</b>
Vaccine-Associated Enhanced Disease (VAED), including Vaccine-Associated Enhanced Respiratory Disease (VAERD)	<p>No post-authorized AE reports have been identified as cases of VAED/VAERD, therefore, there is no observed data at this time. An expected rate of VAED is difficult to establish so a meaningful observed/expected analysis cannot be conducted at this point based on available data. The feasibility of conducting such an analysis will be re-evaluated on an ongoing basis as data on the virus grows and the vaccine safety data continues to accrue.</p> <p>The search criteria utilised to identify potential cases of VAED for this report includes PTs indicating a lack of effect of the vaccine and PTs potentially indicative of severe or atypical COVID-19.</p> <p>Since the first temporary authorization for emergency supply under Regulation 174 in the UK (01 December 2020) and through 28 February 2021, 138 cases [0.33% of the total PM dataset], reporting 317 potentially relevant events were retrieved.</p> <p>Country of incidence: UK (71), US (25), Germany (14), France, Italy, Mexico, Spain, (4 each), Denmark (3); the remaining 9 cases originated from 9 different countries;</p> <p>Cases Seriousness: 138;</p> <p>Seriousness criteria for the total 138 cases: Medically significant (71, of which 8 also serious for disability), Hospitalization required (non-fatal/non-life threatening) (16, of which 1 also serious for disability), Life threatening (13, of which 7 were also serious for hospitalization), Death (38).</p> <p>Gender: Females (73), Males (57), Unknown (8);</p> <p>Age (n=132) ranged from 21 to 100 years (mean = 57.2 years, median = 59.5);</p> <p>Case outcome: fatal (38), resolved/resolving (26), not resolved (65), resolved with sequelae (1), unknown (8);</p> <p>Of the 317 relevant events, the most frequently reported PTs (≥2%) were: Drug ineffective (135), Dyspnoea (53), Diarrhoea (30), COVID-19 pneumonia (23), Vomiting (20), Respiratory failure (8), and Seizure (7).</p> <p>Conclusion: VAED may present as severe or unusual clinical manifestations of COVID-19. Overall, there were 37 subjects with suspected COVID-19 and 101 subjects with confirmed COVID-19 following one or both doses of the vaccine; 75 of the 101 cases were severe, resulting in hospitalisation, disability, life-threatening consequences or death. None of the 75 cases could be definitively considered as VAED/VAERD.</p> <p>In this review of subjects with COVID-19 following vaccination, based on the current evidence, VAED/VAERD remains a theoretical risk for the vaccine. Surveillance will continue.</p>

Source – Page 11

Pfizer writes in the description section that –

‘an expected rate of VAED is difficult to establish so a meaningful observed / expected analysis cannot be conducted at this point based on available data. The feasibility of conducting such an analysis will be re-evaluated on an ongoing basis as data on the virus grows and the vaccine safety data continues to accrue’.

Considering the fact this document was approved on 30th April 2021, and based on data on adverse reactions received up to 28th Feb 2021, this sentence should concern even the most loyal pharmaceutical worshippers.

In the UK the Pfizer jab was granted emergency use authorisation on the 8th Dec 20, and the first injection was administered the following day. By April 2021, 5 months later, Pfizer was admitting that it did not have a clue if its Covid-19 injections caused VAED, and that they will only know once they have more data.

This confirms in black and white that the general public has been taking part in possibly the largest experiment ever conducted, and it's an experiment that has made a select few extremely rich.

Pfizer continues in the description section to state –

‘Since the first temporary authorization for emergency supply under Regulation 174 in the UK (01 December 2020) and through 28 February 2021, 138 cases [0.33% of the total PM dataset], reporting 317 potentially relevant events were retrieved.’

What Pfizer is admitting here is that up to 28th Feb 21, 138 people had reported adverse events that were markers of Vaccine-Associated Enhanced Disease.

According to Pfizer those 138 cases reporting 317 VAED relevant events included –

- 71 incidents in the UK;
- 25 incidents in the USA;
- 14 incidents in Germany;
- 16 incidents in France, Italy, Mexico & Spain (4 each);
- 3 incidents in Denmark;
- and 9 incidents from 9 different countries

Of the 138 cases, 71 were deemed ‘medically significant’ of which 8 were left with serious disabilities Non-fatal / non-life-threatening hospitalisation was required for 16 cases of which 1 was left with serious disabilities. 17 cases were deemed life-threatening of which 7 were deemed serious for hospitalisation, and 38 cases resulted in death.

At the time of the report which was based on data submitted up to the end of February 2021, apart from the 38 cases that were known to have resulted in death at the time, just a further 26 cases were listed as resolved, with 65 not resolved, 1 not resolved with sequelae, and 8 with unknown outcomes.

Pfizer go on to state in the confidential document that –

‘Of the 317 relevant events, the most frequently reported PTs ( $\geq 2\%$ ) were: Drug ineffective (135), Dyspnoea (53), Diarrhoea (30), COVID-19 pneumonia (23), Vomiting (20), Respiratory failure (8), and Seizure (7).’

Pfizer concludes in its document that –

‘VAED may present as severe or unusual clinical manifestations of COVID-19. Overall, there were 37 subjects with suspected COVID-19 and 101 subjects with confirmed COVID-19 following one or both doses of the vaccine; 75 of the 101 cases were severe, resulting in hospitalisation, disability, life-threatening consequences or death.’

This seems to be an admittance from Pfizer that its vaccine isn't very good at protecting recipients of its experimental It's important to remember that these injections do not prevent infection or transmission, they are only supposed to protect against hospitalisation and death. Therefore, with 75 of the 101 confirmed Covid-19 cases being severe (69%), this seems to be an admittance from Pfizer that its vaccine isn't very good at actually doing that.

Pfizer finishes by stating that –

‘In this review of subjects with COVID-19 following vaccination, based on the current evidence,  
**VAED/VAERD remains a theoretical risk for the vaccine.** Surveillance will continue.’

Here we have Pfizer admitting that Vaccine-Associated Enhanced Disease is a theoretical risk associated with its experimental Covid-19 gene therapy, which has been injected into the arms of hundreds of millions of people around the world several times since December 2020.

There are no appropriate words that could possibly convey how unbelievably stupid and dangerous the decision to give this injection to millions of people, including children was and still is.

## **Autoimmune Disease**

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Unfortunately, the FDA also chose to ignore the evidence presented by Pfizer of autoimmune disease being suffered as adverse events to its Covid-19 injection.

Page 20 of the [reissue\\_5.3.6\\_postmarketing\\_experience.pdf](#) document contains details surrounding adverse events reported relating to immune-mediated/autoimmune diseases.

**Table 7. AESIs Evaluation for BNT162b2**

AESIs <sup>a</sup> Category	Post-Marketing Cases Evaluation <sup>b</sup> Total Number of Cases (N=42086)
	2021. Study C4591021, pending protocol endorsement by EMA, is also intended to inform this risk.
<b>Immune-Mediated/Autoimmune AESIs</b> <i>Search criteria: Immune-mediated/autoimmune disorders (SMQ) (Broad and Narrow) OR Autoimmune disorders HLGIT (Primary Path) OR PTs Cytokine release syndrome, Cytokine storm; Hypersensitivity</i>	<ul style="list-style-type: none"> <li>• Number of cases: 1050 (2.5 % of the total PM dataset), of which 760 medically confirmed and 290 non-medically confirmed;</li> <li>• Country of incidence (&gt;10 cases): UK (267), US (257), Italy (70), France and Germany (69 each), Mexico (36), Sweden (35), Spain (32), Greece (31), Israel (21), Denmark (18), Portugal (17), Austria and Czech Republic (16 each), Canada (12), Finland (10). The remaining 74 cases were from 24 different countries.</li> <li>• Subjects' gender (n=682): female (526), male (156).</li> <li>• Subjects' age group (n=944): Adult (746), Elderly (196), Adolescent (2).</li> <li>• Number of relevant events: 1077, of which 780 serious, 297 non-serious.</li> <li>• Most frequently reported relevant PTs (&gt;10 occurrences): Hypersensitivity (596), Neuropathy peripheral (49), Pericarditis (32), Myocarditis (25), Dermatitis (24), Diabetes mellitus and Encephalitis (16 each), Psoriasis (14), Dermatitis Bullous (13), Autoimmune disorder and Raynaud's phenomenon (11 each);</li> <li>• Relevant event onset latency (n = 807): Range from &lt;24 hours to 30 days, median &lt;24 hours.</li> <li>• Relevant event outcome: resolved/resolving (517), not resolved (215), fatal (12), resolved with sequelae (22) and unknown (312).</li> </ul> <p>Conclusion: This cumulative case review does not raise new safety issues. Surveillance will continue</p>

Source – Page 20

According to Pfizer, of the 42,086 trial participants, 1,050 reported suffering autoimmune disease, of which 760 were medically confirmed.

Just 196 of these cases were among the elderly, with the vast majority (746) among adults, and a further 2 among adolescents.

780 of these autoimmune disease cases were considered serious, whilst 297 were considered non-serious.

The most frequently reported events included hypersensitivity, neuropathy peripheral, pericarditis, myocarditis, and autoimmune disorder and Raynaud's phenomenon among many others.

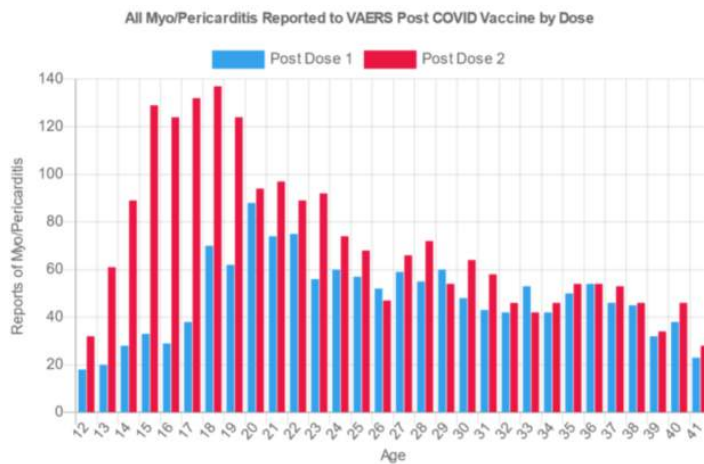
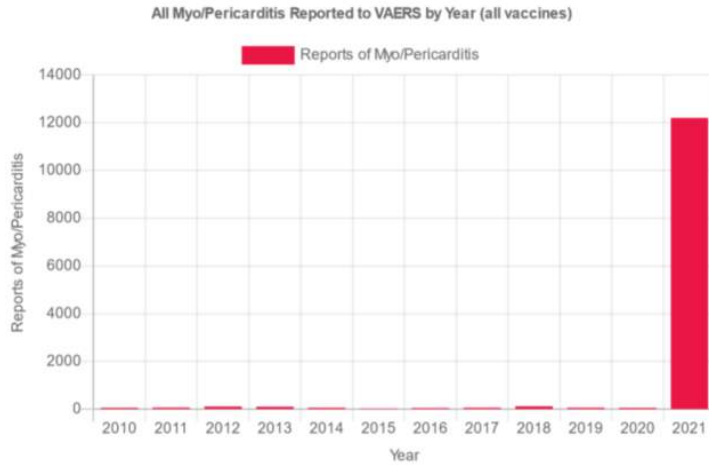
This shows that back in April 2021, medicine regulators were fully aware of the risk of suffering myocarditis and pericarditis. As of June 2022, these are two of the only side effects of Covid-19 vaccination that medicine regulators have admitted can occur, proving how common the side effects are.

Questionably, Pfizer concluded in their submitted document that –

“This cumulative case review does not raise new safety issues. Surveillance will continue.”

This is a statement Pfizer would live to regret at least when it comes to myocarditis and pericarditis.

Here's how both autoimmune diseases have affected people in the USA according to the Vaccine Adverse Event Reporting System (VAERS), where just 1-10% of adverse reactions are actually reported –

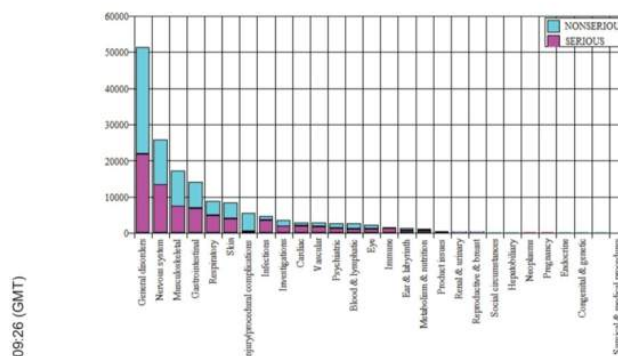


## Confidential Pfizer documents reveal tens of thousands of reported adverse events and thousands of deaths in the first 90 days of the Covid-19 vaccine roll-out

In the confidential Pfizer document titled [Cumulative Analysis of Post-Authorization Adverse Event Records Reports](#), it is evident that in the first 90 days of the Covid-19 vaccine's roll out under the FDA's emergency use authorisation– from December 1st, 2020 – February 28th, 2021 – there were tens of thousands of reported adverse reactions, including over 1200 deaths.

BNT162b2  
5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Figure 1. Total Number of BNT162b2 AEs by System Organ Classes and Event Seriousness



0-Apr-2021 09:26 (GMT)

Table 2 shows the most commonly (≥2%) reported MedDRA (v. 23.1) PTs in the overall dataset (through 28 February 2021).

As the report only included adverse events to the vaccine that researchers considered “serious cases,” there were thousands more submissions that were left out of this data.

The report states that in all there were a total of 42,086 case reports of individuals who had an adverse reaction to Pfizer’s vaccine worldwide, with the largest number (13,739) coming from the United States and from the UK (13,404).

According to the document’s women (29,914) were over 3x more likely to experience a reaction than men (9182). A total of 1223 individuals had a fatal reaction to the experimental Pfizer vaccine.

The report also states that any cases deemed “non-serious” would be processed within 90 days. Yet, this report was released before 90 days of Pfizer’s vaccine being available had even passed.

*“Due to the large numbers of spontaneous adverse event reports received for the product, the MAH has prioritised the processing of serious cases, in order to meet expedited regulatory reporting timelines and ensure these reports are available for signal detection and evaluation activity.*

*Non-serious cases are processed as soon as possible and no later than 90 days from receipt. Pfizer has also taken multiple actions to help alleviate the large increase of adverse event reports.”*

Table 1 below presents the main characteristics of the overall cases.

**Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval**

Characteristics	Relevant cases (N=42086)	
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17	175 <sup>a</sup>
	18-30	4953
	31-50	13886
	51-64	7884
	65-74	3098
	≥ 75	5214
Unknown	6876	
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223 *
	Unknown	9400

a. in 46 cases reported age was <16-year-old and in 34 cases <12-year-old.

As shown in Figure 1, the System Organ Classes (SOCs) that contained the greatest number (≥2%) of events, in the overall dataset, were General disorders and administration site conditions (51,335 AEs), Nervous system disorders (25,957), Musculoskeletal and connective tissue disorders (17,283), Gastrointestinal disorders (14,096), Skin and subcutaneous tissue disorders (8,476), Respiratory, thoracic and mediastinal disorders (8,848), Infections and infestations (4,610), Injury, poisoning and procedural complications (5,590), and Investigations (3,693).

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## Your Government knew it would happen

The confidential Pfizer documents reveal that your Government knew the risks of rolling out the experimental Covid-19 injections to the general population but chose to ignore those risks and proceed anyway.

They knew the harm the vaccines could cause during pregnancy but chose to not only ignore them but actually cover them up.

They knew the vaccine accumulated in all parts of the body but insisted it remained at the injection site.

They knew there was evidence of the vaccines causing autoimmune disease and Vaccine-Associated Enhanced Disease, but chose to ignore it.

And they knew the Covid-19 vaccines had maimed and killed thousands in the first 90 days of roll-out but chose to carry on offering the injection to the public anyway.

All of these things together were a recipe for depopulation and now in late 2022, we seem to be witnessing it finally happen.

We told you that you may find some of the above claims initially hard to believe. But as you have seen, they are all extracted from official Government approved documents.

**Covid-19 vaccination is in effect causing mass depopulation, and your Government knew it would happen.**

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