

## Herman Jacobus Edeling

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**From:** Bianca de Canha <bdecanha@gmail.com> on behalf of Bianca de Canha  
**Sent:** 21 April 2022 22:53  
**To:** Herman Jacobus Edeling  
**Cc:** Reg Willis; Obed Mphofu; Mabel Jansen  
**Subject:** Data Analysis Query  
**Attachments:** CHC Reported Vaccine Adverse Reactions Data Analysis-2.xlsx

Dear Dr. Ederling,

I hope you are well? I have had a conversation with Reg regarding the data and I would like to share my thoughts with you and ask for your opinion?

The data in question constitutes 337 reports of Vaccine Adverse Reactions (VAR's). I have attached the spreadsheet for your perusal. As per your suggestion, two of the sheets were completed exactly how the analysis for the SAVAERS data had been collated for easy comparison and potential merging of findings.

A total of 127 symptoms or side effects were identified.

### The strengths of this data are as follows:

#### 1. Practitioner reported data

All reports are, to a large degree, submitted by registered HPCSA, AHPCSA and SANC practitioners. A total of 319 reports were made by a total of 38 practitioners (4 of which could not be verified while 6 submissions were made with no practitioner details. This could have come from one practitioner or a maximum of 6).

See the below table with the break down:

Reporting practitioner	Number of VAR reported	Number of practitioners
Dentist	44	4
HPCSA Registered practitioner	185	21
AHPCSA Registered Practitioner	15	3
Registered Nurse	10	4
Speech Therapist	2	2
Unknown/unverified reporter	57	4
No reporter details	6	Unknown
	319	38

#### 2. The data shows low reporting to SAHPRA

The data shows that there is a low reporting of adverse reactions following vaccination to SAHPRA with only 4 submissions having been reported to SAHPRA out of the total 337 submissions.

#### 3. The data shows greater occurrence of COVID 19 infection following vaccination

The data shows reporting of 19 individuals having experienced COVID 19 before vaccination and a total of 87 reports of positive COVID 19 diagnosis after vaccination. The below data in terms of timing of such diagnosis in relation to the vaccine administration is below for your perusal.

History of Covid Infection:	
Positive Covid Infection Before Vaccination (TOTAL)	<b>19</b>
1 month before the vaccine	<b>2</b>
2 weeks before the vaccine	<b>1</b>

More than 1 month before the vaccine	<b>16</b>
Positive Covid Infection After Vaccination (TOTAL)	<b>87</b>
1 week after the vaccine	<b>26</b>
2 weeks after the vaccine	<b>16</b>
1 month after the vaccine	<b>17</b>
More than 1 month after the vaccine	<b>28</b>

**The weaknesses of the data:**

The below points, when considered for the purpose of the case, show the data to be inappropriate for inclusion and are as follows:

**1. The narrow sample size**

The narrow sample size is not sufficient to draw a strong conclusion on the matter of adverse reaction. This is mirrored in the small group of practitioners who were reporting these reactions in patients. The majority of such reports were made from the Private sector (Private 290 vs Public 47).

**2. The information was contributed by a small number of practitioners**

As mentioned above the small group of practitioners reporting these reactions was limited to 38 with 4 or 5 contributing up to 30 reports each.

**3. Severity of symptoms is not included**

The severity of each symptom is not included. This can create the misconception that the severity for each report was the same in intensity, duration and experience for the patient. This can be misleading.

**4. The average age is 46.7 years of age**

This may be useful when discussing the matter of vaccine mandates of employees as this age group is most likely to be employed at the universities, but may work against our argument of vaccine mandates being imposed on the youth if the data is showing that the youth are least likely to experience adverse reaction.

**5. Information on the management required for those experiencing VAR's is limited to those who were hospitalised**

Again, this speaks to the severity of each symptom experienced. Of the 337 reports, 68 required hospitalisation. The data only shows need for treatment in those experiencing symptoms severe enough to require medical intervention and hospitalisation. Requirement for medical care was not included in the data collection for those not hospitalised.

**6. The mortality rate of 10%**

The data shows a mortality rate of 10% in those experiencing adverse health reactions. This may be elevated owing to the small sample size. SAVAERS reported as of mid March, a mortality rate of 9% in those experiencing adverse reactions. The latest statistic on this from SAVAERS would be required so as to make a comparison. (The data included reactions experienced up to beginning April 2022).

**7. Data on vaccine shedding**

Sixteen reports on vaccine shedding were included. Those reporting a reaction had not actually received a dose of the vaccine, but had been in contact with someone who had been vaccinated. I chose to omit this information as it is speculative and does not assist us in understanding VAR's following vaccination.

I would be grateful for your time in the interpretation of this information. Your experience, I feel, would be best in ascertaining the usefulness of this information in the case going forward.

I look forward to your thoughts and feedback on the above analysis.

Kind Regards,

Bianca

**Dr. Bianca De Canha** M.Tech Hom (UJ)

Registered Homoeopath

President of the Homoeopathic Association of South Africa

AHPCSA: A10796

Pr No: 0348880

Disp Lic: GP04267D

HSA: 04299

**PURE Health Centre**

218 Voortrekker Road

Krugersdorp, 1739

Tel: 011 954 6091/6981

Fax: 011 954 6472

Email: [purehealthcentre@gmail.com](mailto:purehealthcentre@gmail.com)