National Vaccine Information Center
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Search Results

From the 7/2/2021 release of VAERS data:

Found 438,441 cases where Vaccine is COVID19

Table

Event Outcome	Count	Percent
Death	9,048	2.06%
Permanent Disability	7,463	1.7%
Office Visit	80,268	18.31%
Emergency Room	56	0.01%
Emergency Doctor/Room	56,915	12.98%
Hospitalized	26,754	6.1%
Hospitalized, Prolonged	64	0.01%
Recovered	157,888	36.01%
Birth Defect	239	0.05%
Life Threatening	7,822	1.78%
Not Serious	174,230	39.74%
TOTAL	† 520,747	† 118.77%

† 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 438441 (the number of cases found), and the Total Percentage is greater than 100.

In the U.S, 328.9 million COVID vaccine doses had been administered as of July 2. This includes: 134 million doses of Moderna's vaccine, 182 million doses of Pfizer and 13 million doses of the Johnson & Johnson (J&J) COVID vaccine.

Of the 9,048 deaths reported as of July 2, 22% occurred within 48 hours of vaccination, 15% occurred within 24 hours and 37% occurred in people who became ill within 48 hours of being vaccinated.

This week's data for 12- to 17-year-olds show:

- 13,385 total adverse events, including 801 rated as serious and 14 reported deaths among 12- to 17-year-olds. Two of the nine deaths were suicides.
- The most recent reported death includes a 13-year-old boy (VAERS I.D. 1431289) with a previous history of COVID who suffered cardiac arrest and died 17 days after vaccination with Pfizer.Other reports include a 13-year-old boy (VAERS I.D. 1406840) who died two days after receiving a Pfizer vaccine, three 15-year-olds (VAERS I.D. 1187918, 1382906 and 1242573), four 16-year-olds (VAERS I.D. 1420630, 1426828, 1225942 and 1386841) and three 17-year-olds (VAERS I.D. 1199455, 1388042 and 1420762).

- 1,934 reports of anaphylaxis among 12- to 17-year-olds with 99% of cases attributed to Pfizer's vaccine, 1.1% to Moderna and 0.2% (or four cases) to J&J.
- 347 reports of myocarditis and pericarditis (heart inflammation) with 343 attributed to Pfizer's vaccine.
- 57 reports of blood clotting disorders, 56 attributed to Pfizer and 1 attributed to Moderna.

This week's total VAERS data, from Dec. 14, 2020 to July 2, 2021, for all age groups show:

- 22% of deaths were related to cardiac disorders.
- 50% of those who died were male, 45% were female and the remaining death reports did not include gender of the deceased.
- The average age of death was 74.7.
- As of July 2, 2,678 pregnant women reported adverse events related to COVID vaccines, including 994 reports of miscarriage or premature birth.
- Of the 4,456 cases of Bell's Palsy reported, 59% were attributed to Pfizer vaccinations, 39% to Moderna vaccine and 7% to J&J.
- 398 reports of Guillain-Barré Syndrome, with 47% of cases attributed to Pfizer, 40% to Moderna and 19% to J&J.
- 121,092 reports of anaphylaxis with 46% of cases attributed to Pfizer's vaccine, 46% to Moderna and 7% to J&J.
- 8,256 reports of blood clotting disorders. Of those, 3,959 reports were attributed to Pfizer, 2,699 reports to Moderna and 1,552 reports to J&J.
- 1,796 cases of myocarditis and pericarditis with 1,177 cases attributed to Pfizer, 563 cases to Moderna and 52 cases to J&J's COVID vaccine.

Pfizer says boosters needed, U.S. federal health agencies, scientists disagree

As The Defender reported today, U.S. federal health agencies and the maker of one of the most popular COVID vaccines are publicly at odds over if or when fully vaccinated people will need a third "booster" dose.

Pfizer announced Thursday it will seek Emergency Use Authorization from the FDA in August for a third dose of its COVID vaccine. The drugmaker predicted those who have been fully vaccinated will need a booster shot within six to 12 months of receiving their second dose of the Pfizer vaccine.

But the U.S.Department of Health and Human Services (HHS) hours later issued a joint statement by the FDA and Centers for Disease and Control and Prevention (CDC) saying, "Americans who have been fully vaccinated do not need a booster shot at this time."

The HHS statement did not explicitly mention Pfizer, but said "a science-based, rigorous process" headed by the CDC, FDA and the National Institutes of Health would determine when or whether boosters were necessary.

FETAL TISSUE IS USED IN THE DEVELOPMENT OF ALL COVID VACCINES

It is stated on the CDC site that there are no fetal cells in the COVID 19 vaccine, per se, as a matter of ingredient or excipient.

But it is well established that the Johnson and Johnson vaccine is grown in a retinal cell line derived from an aborted fetus, and the AstraZeneca uses other fetal cell lines:
https://www.chop.edu/centers-programs/vaccine-education-center/vaccine-ingredients/fetal-t issues
https://mvec.mcri.edu.au/references/foetal-embryonic-cells-utilised-in-vaccine-development - platforms/

This caused a firestorm in the Catholic Church, with the Pope originally calling the vaccine morally compromised, then recanting, with some bishops still not in agreement with the Pope:
https://www.npr.org/2021/03/11/975964553/catholic-leaders-voice-moral-concerns-about-johns on-johnson-vaccine

But as this article points out, the Moderna and Pfizer vaccines are tested using fetal cells. Here is further evidence about how tissues from aborted fetuses were used in the Pfizer and Moderna vaccines:

This article shows that the protein spike used the Moderna vaccine was developed using human fetal cell line HEK-293:
https://www.catholicnewsagency.com/news/45327/is-the-coronavirus-vaccine-made-from-fetal-c ell-lines

The Omaha World Herald documents the use of fetal cells in the testing of Moderna and Pfizer:
https://omaha.com/lifestyles/health-med-fit/covid-vaccines-do-not-contain-fetal-cells-but- cell-lines-were-used-in-some-testing/article_92335338-6a34-11eb-a59f-6fceca02369d.html

ADVERSE EFFECTS AND HEALTH RISKS:
The CDC itself lists that there have beenÂ "selected" deaths from COVID vaciness to date totaling 9,367 (and this is only in 1 year!), with many thousands of adverse effects noted:
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html

Even the Vaccine Adverse Event Reporting System (VAERS) has shown this, as in the July 2021 report attached.

However, as a Stanford health professional told us personally during a visit to Stanford Internal Medicine, the numbers are suppressed. A VAERSÂ whistleblower explains why:
https://vaccinedeaths.com/2021-10-28-manipulating-vaers-data-through-underreporting.html

A prominent group of UK doctors reiterates that adverse reactions are under-reported and that VAERS is at fault in this as well as other factors:
https://www.totalhealth.co.uk/blog/are-people-getting-full-facts-covid-vaccine-risks

In Israel, the most highly vaccinated country in the world, which is as well know still suffered a COVID infection spike with 90% of population vaccinate, an Israeli commission did a study of the Pfizer vaccine and found it produced adverse effects in an alarming number of people in all organs of their bodies:
http://www.indymedia.ie/article/107824

PCR TESTS USING NASAL SWABS:

The kit used at the Walgreen's drive thru is provided by Aegis Sciences and I called them to get the MSDS and Specifications of the swab used in the kit (attached), Dr. Holt, with whom I spoke, sent the MSDS for nasal pharangeal, but said it is the same swab tip as the nasal, with only the length of the applicator being different. It is a flocked swab sterilized by ethylene oxide, which is a known carcinogen, as I am sure you are aware:

https://www.cancer.gov/about-cancer/causes-prevention/risk/substances/ethylene-oxide
https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1047AppA
https://jamanetwork.com/journals/jama/article-abstract/403415
https://www.researchgate.net/profile/James-Deddens/publication/10589798_Ethylene_oxide_and_breast_cancer_incidence_in_a_cohort_study_of_7576_women_United_States/links/546e0f350cf2b5fc1760369c/Ethylene-oxide-and-breast-cancer-incidence-in-a-cohort-study-of-7576-women-Uni ted-States.pdf
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1008604/pdf/brjindmed00072-0014.pdf
https://europepmc.org/article/med/3198208

There is information that ethylene oxide residuals are left on such products.
https://meridian.allenpress.com/bit/article-abstract/38/6/476/141227

Ethylene oxide has particular effects on pulmonary cells, for instance, and my mother suffers from COPD, and needs no added risk:
https://www.sciencedirect.com/science/article/abs/pii/0378427494901406
http://ioh.iums.ac.ir/browse.php?a_code=A-10-3-98&sid=1&slc_lang=en

Effects on other organs have also been noted:
https://www.tandfonline.com/doi/abs/10.1080/02772248.2012.717626

These swabs also result in high false negative rates, and so are not that effective.
https://doi.org/10.1101/2020.03.29.014415

For these reasons, unless there is a free saliva PCR test, it would be untenable to take a weekly PCR test at a drive thru site, since it is an unclean and risky practice for my mother to introduce ethylene oxide into her respiratory system so directly by means of nasal swab, and in close proximity to the eyes and brain.

The efficacy of the saliva test and its non-invasive nature is noted here:
https://www.mdpi.com/2076-2607/9/3/642
https://www.mdpi.com/2076-2607/9/3/642/pdf