



Access to Public Information Request

Date of receipt: 22 June 2021

Date of response: 20 July 2021

Access to Public Information request regarding vaccines and 'vaccine related injuries'

Request:

As the CCA will be aware the vaccines are EUA – Emergency Use Only status thus they are not fully approved by the FDA. The 'vaccines' are Black Triangle labelled products, as denoted by the MHRA meaning they are subject to additional monitoring as they contain new active substances and are in the experimental stage, therefore the community is the experiment...

- 1) Please state the number of people who have presented with vaccine related injuries on island since the beginning of the (EUA – Emergency Use Authorisation) Covid vaccine rollout and how many individuals and/or their doctors have filled out a VAERS Yellow card report relating to their injuries.

Can you elaborate on what injuries have been reported in Guernsey and whether these related to Astra Zeneca or Pfizer. You clarified in your previous reply to me that the States are simply sending vaccine injury reports to the UK where they can get swallowed in the UK data. It is vital that there is a local reporting system put in place immediately. Can you confirm whether one is being put in place.

- 2) Please include details of how many islanders have presented with myocarditis, endocarditis, cardiac arrest, stroke, blood clots in the past six months.
- 3) Please clarify the number of islanders who have currently been vaccinated with one dose of Covid vaccination and two doses of Covid vaccination to date.

Can you also clarify if these individuals had been provided with informed consent before vaccination i.e. that they are made aware a) that these vaccinations are still in experimental stage until Feb 2023 (AZ) and April 2023 (Pfizer) b) of the harmful potential side effects before vaccination and c) if suffering side effects that there is a VAERS yellow card reporting system for vaccine injury, which they should fill in, in order for the medical community to establish the true safety and efficacy of these therapies, this goes toward the manufacturers' trial analysis and data.

- 4) Given that some countries have banned Covid vaccination for under 18s on medical grounds, can you please clarify how many under 18s have been vaccinated with one dose of Covid vaccination and two doses of Covid vaccination to date.
- 5) Can you clarify how many pregnant people have been vaccinated with one dose of Covid vaccination and two doses of Covid vaccination to date.
- 6) Given the current discussions in the States to mandate Covid vaccinations for healthcare staff, balanced with the fact that a number of staff including senior doctors are refusing the vaccination, can you clarify on what ethical and legal basis the States are considering this measure? And what contingencies you have in place to replace these essential staff members to ensure that the healthcare system remains fully staffed at a time where the PEH is experiencing higher than normal patient volumes and the ICU has been overwhelmed at times.
- 7) Here I detail the latest VAERs vaccine injury statistics (which CDC confirms only represents 1-2% of actual numbers) for the UK:

Updated report published 17th June 2021

MHRA Yellow Card Reporting up to 9th June 2021

Cumulatively 26 weeks for Pfizer, 22 weeks for Astrazeneca and 9 weeks for Moderna

* Pfizer - 15.6million people have received 26.3million doses - Yellowcard reporting rate - 1-in-220 people impacted

* Astrazeneca - 24.6million people have received 42.3million doses - Yellowcard reporting rate - 1-in-122 people impacted

* Moderna - 0.56million people received first dose - Yellowcard reporting rate - 1-in-131 people impacted

Currently overall 1-in-147 people who have received one or both doses of a covid-19 vaccine experiences a Yellow Card Adverse Event and this may be approximately a 1-2% reporting rate according to MHRA.

A significant proportion of these adverse events require urgent medical care, may be life changing or long lasting in effect, and represent immense human suffering and distress

Reactions - 202,036 (Pfizer) + 732,790 (AZ) + 12,042 (Moderna) + 2419 (Unknown) = 949,287

Reports - 70,950 (Pfizer) + 200,860 (AZ) + 4267 (Moderna) + 790 (Unknown) = 276,867

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Facial Paralysis incl. Bell's Palsy - 485 (Pfizer) + 653 (AZ) + 16 (Moderna) + 3 (Unknown) = 1157

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Vertigo/Tinnitus - 1796 (Pfizer) + 5127 (AZ) + 97 (Moderna) + 19 (Unknown) = 7039

Reproductive/Breast - 3335 (Pfizer) + 7186 (AZ) + 378 (Moderna) + 32 (Unknown) = 10,931

Thank you for confirming that the States will compensate families to the sum of £120,000 for proven vaccine injury. However, as the above statistics clearly show there is a sharp increase in vaccine injury in the UK. Can you please clarify whether the CCA intends to

continue pushing its current vaccination rollout to the rest of the island community given the short and long term associated health risks particularly in the younger demographic.

It is worth pointing out the steep age gradient of affect for Covid. Those younger are less at risk than those more elderly. Given that the infection fatality rate of Covid for people under the age of 30 is less than 0.05 % (whereas flu is 0.1 %) (references 1 & 2), it should be noted that vaccination of this age group is not necessary since the vaccine does not prevent transmission of the virus nor serious illness. Why would it be credible to give individuals who are at no personal risk from Covid an experimental vaccine that holds a greater health risk to them?

As can be seen in this graph presented yesterday showing hospitalisation figures for individuals who were infected with the so-called Delta variant in U.K. You can see that the number of vaccinated people (36) who died compared to unvaccinated (34) is roughly the same, proving quite clearly that the vaccine actually may not have had any affect at all, a fact known 20 years ago when attempts were made to create a vaccine for SARS, which failed.

References

1. Global Perspective of COVID-19 epidemiology for a full cycle pandemic by Professor John P A Ioannidis, of Stanford University, USA (an advisor to the WHO)
Internet : <https://pubmed.ncbi.nlm.nih.gov/33026101/>
2. Global mortality associated with seasonal influenza epidemics
Internet : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6815659/>
3. Tracking Changes in SARS-CoV-2 Spike: Evidence that D614G Increases Infectivity of the COVID-19 Virus
Internet : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7332439/>

Table 4. Attendance to emergency care and deaths by vaccination status among Delta confirmed cases (sequencing and genotyping) in England, 1 February 2021 to 14 June 2021.

	Total	Cases with specimen date in past 28 days*	Unlinked	Unvaccinated	<21 days post dose 1	≥21 days post dose 1	≥14 days post dose 2
Delta cases since 1 Feb 2021 †	60,624	53,177	7,461	35,521	4,094	9,461	4,087
Cases with an A&E visit§ (excluding cases with the same specimen and attendance dates)‡	1,555	NA	14	1,038	116	285	102
Cases with an A&E visit§ (including cases with the same specimen and attendance dates)	2,176	NA	24	1,446	155	378	173
Cases where presentation to A&E resulted in overnight inpatient admission§ (excluding cases with the same specimen and admission dates)‡	488	NA	7	324	30	87	40
Cases where presentation to A&E resulted in overnight inpatient admission§ (including cases with the same specimen and admission dates)	806	NA	10	527	50	135	84
Deaths^	73	NA	2	34	1	10	26

Data sources: Emergency care attendance and admissions from Emergency Care Dataset (ECDS), deaths from PHE daily death data series (deaths within 28 days)

I look forward to receiving a reply to the above. I have sent a copy of this correspondence to the Press and Bailiwick Express with a request that they publish the response. There is great urgency to this given the speed at which the authorities are driving the vaccine rollout in Guernsey despite its “emergency use status”, and the ever-increasing number of vaccination adverse reactions being presented locally and globally.

Response provided (in red) by the Civil Contingencies Authority and Public Health Services:

As the CCA will be aware the vaccines are EUA – Emergency Use Only status thus they are not fully approved by the FDA.

It is important here to make clear that the relevant regulatory body for the Bailiwick is the MHRA and not the FDA. The MHRA have granted Moderna, Janssen, Pfizer and AstraZeneca a conditional marketing authorisation. This means they have now moved outside of being classed as for emergency use only.

The 'vaccines' are Black Triangle labelled products, as denoted by the MHRA meaning they are subject to additional monitoring as they contain new active substances and are in the experimental stage, therefore the community is the experiment...

All new products have a black triangle, this is standard practice. For example, the seasonal influenza vaccine has a black triangle every year as it is a new vaccine each year to respond to the expected threat of that year. That does not mean they are “experimental”.

- 8) Please state the number of people who have presented with vaccine related injuries on island since the beginning of the (EUA – Emergency Use Authorisation) Covid vaccine rollout and how many individuals and/or their doctors have filled out a VAERS Yellow card report relating to their injuries.

The question does not make clear what is meant by ‘vaccine related injuries’ which is a broad and undefined term.

Public Health is not able to confirm how many MHRA yellow cards have been completed as they can be completed by a clinician or a vaccine recipient. Yellow cards are completed when an individual experiences any medical condition post-vaccination, this does not mean the experienced symptom/condition and the vaccine administration are related. It is the role of MHRA to determine any link.

Can you elaborate on what injuries have been reported in Guernsey and whether these related to Astra Zeneca or Pfizer. You clarified in your previous reply to me that the States are simply sending vaccine injury reports to the UK where they can get swallowed in the UK data. It is vital that there is a local reporting system put in place immediately. Can you confirm whether one is being put in place.

Please see the response above for an explanation of why this is not possible.

Please see also the response to a previous API request for why a local reporting system is not appropriate: <https://www.gov.gg/CHttpHandler.ashx?id=139647&p=0>

- 9) Please include details of how many islanders have presented with myocarditis, endocarditis, cardiac arrest, stroke, blood clots in the past six months.

The figures are provided in this table:

Reason for Admission	Number of Admissions
Endocarditis	2
Acute and subacute infective endocarditis	1
Endocarditis, valve unspecified	1
Cardiac Arrest	2
Cardiac arrest with successful resuscitation	2*
Stroke	26
Cerebral infarction due to embolism of cerebral arteries	1
Cerebral infarction due to thrombosis of cerebral arteries	2
Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries	4
Cerebral infarction, unspecified	8
Intracerebral haemorrhage in hemisphere, subcortical	1
Intracerebral haemorrhage in hemisphere, unspecified	1
Intracerebral haemorrhage, unspecified	4
Intracranial haemorrhage (nontraumatic), unspecified	1
Stroke, not specified as haemorrhage or infarction	2
Subdural haemorrhage (acute)(nontraumatic)	2
Arterial Thrombosis/Occlusion	4
Embolism and thrombosis of arteries of lower extremities	1
Embolism and thrombosis of iliac artery	2
Occlusion and stenosis of vertebral artery	1
Pulmonary Embolism	11
Pulmonary embolism without mention of acute cor pulmonale	11

Myocardial Infarction	23
Acute myocardial infarction, unspecified	4
Acute subendocardial myocardial infarction	12
Acute transmural myocardial infarction of inferior wall	5
Acute transmural myocardial infarction of unspecified site	2
Grand Total	68

* The admissions to the PEH are coded with the diagnosis of what caused the cardiac arrest so the above figure will seem low. See below for attendances to ED with cardiac arrest:

Discharge Destination	Number of Attendances
Died	13
Inpatient Ward	9
Grand Total	22

10) Please clarify the number of islanders who have currently been vaccinated with one dose of Covid vaccination and two doses of Covid vaccination to date.

Please see below for the number of vaccinations up to the 26th June 2021

- No. of islanders currently vaccinated with first dose - 47,125
- No. of islanders currently vaccinated with second dose - 33,340
- Total vaccinations administered: 80,465

Can you also clarify if these individuals had been provided with informed consent before vaccination i.e. that they are made aware a) that these vaccinations are still in experimental stage until Feb 2023 (AZ) and April 2023 (Pfizer) b) of the harmful potential side effects before vaccination and c) if suffering side effects that there is a VAERS yellow card reporting system for vaccine injury, which they should fill in, in order for the medical community to establish the true safety and efficacy of these therapies, this goes toward the manufacturers' trial analysis and data.

All individuals are provided with an information leaflet at time of booking, to allow them time to read this prior to attending their appointment. The patient information leaflets are the standard leaflets approved by the MHRA. These leaflets include information about side effects and the reporting of side effects.

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-moderna/information-for-uk-recipients-on-covid-19-vaccine-moderna>

<https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/information-for-uk-recipients-on-pfizerbiontech-covid-19-vaccine>

<https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-uk-recipients-on-covid-19-vaccine-astrazeneca>

It is incorrect to state that the vaccines are experimental until February 2023.

- 11) Given that some countries have banned Covid vaccination for under 18s on medical grounds, can you please clarify how many under 18s have been vaccinated with one dose of Covid vaccination and two doses of Covid vaccination to date.

Individuals age 16-18 are only part of the vaccination programme if they have an underlying health condition that puts them in the high risk or clinically extremely vulnerable category. A total of 89 people falling into this category have been vaccinated.

- 12) Can you clarify how many pregnant people have been vaccinated with one dose of Covid vaccination and two doses of Covid vaccination to date.

Pregnant women are provided with individual counselling and information from PHE and the RCOG supporting them to make an informed decision. 104 doses have been administered to pregnant women. Because of how the data is collected, it is not possible to provide meaningful data in the time available for how many people have received one or two doses while pregnant, as some will have received a first dose prior to conception or some will receive a second dose post birth, dependent on where the individual was in the programme at that particular point in time.

- 13) Given the current discussions in the States to mandate Covid vaccinations for healthcare staff, balanced with the fact that a number of staff including senior doctors are refusing the vaccination, can you clarify on what ethical and legal basis the States are considering this measure? And what contingencies you have in place

to replace these essential staff members to ensure that the healthcare system remains fully staffed at a time where the PEH is experiencing higher than normal patient volumes and the ICU has been overwhelmed at times.

The risk posed to vulnerable members of the community is a key consideration in all decisions, but currently there is no intention to make COVID-19 vaccinations mandatory.

14) Here I detail the latest VAERs vaccine injury statistics (which CDC confirms only represents 1-2% of actual numbers) for the UK:

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As noted above, reporting of events via the Yellow Card system occurs without any confirmation that the vaccine and the event is related. It is therefore not appropriate to suggest that all reports of events after a COVID-19 vaccine would be related to the vaccine. In addition, a number of events reported are minor, such as ear congestion, dry eye and dark circles under the eye.

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As noted previously, the above statistics do not represent vaccine injury, they are merely conditions or side effects that have occurred at some point after vaccination. The MHRA review this data and will review conditions where they feel there may be a link or there is a higher incidence than the normal background level of that condition.

It is worth pointing out the steep age gradient of affect for Covid. Those younger are less at risk than those more elderly. Given that the infection fatality rate of Covid for people under the age of 30 is less than 0.05 % (whereas flu is 0.1 %) (references 1 & 2), it should be noted that vaccination of this age group is not necessary since the vaccine does not prevent transmission of the virus nor serious illness. Why would it be credible to give individuals who are at no personal risk from Covid an experimental vaccine that holds a greater health risk to them?

All individuals are able to make an informed choice about whether they wish to accept vaccination. Individuals may also choose to have a vaccine to protect those close to them or within the community from the SARS-CoV-2 virus if they are immunosuppressed or cannot be vaccinated.

As can be seen in this graph presented yesterday showing hospitalisation figures for individuals who were infected with the so-called Delta variant in U.K. You can see that the number of vaccinated people (36) who died compared to unvaccinated (34) is roughly the same, proving quite clearly that the vaccine actually may not have had any affect at all, a fact known 20 years ago when attempts were made to create a vaccine for SARS, which failed.

It is not surprising that we are seeing apparently high mortality rates in double vaccinated persons compared with people with incomplete vaccinations. The vaccination program England undertook prioritised those with the greatest risk of a poor outcome. As the vaccination program is incomplete, this vulnerable cohort constitutes the majority of the double vaccinated population. It must also be considered that this is an effective, but not perfect, vaccine. Double vaccination provides a 95% protection against hospital admission.

So, one needs to consider the recent work by PHE which has shown that circa 5% of double vaccinated individuals are still susceptible to severe disease. When these two factors combine, we have a small proportion of a large number of people at risk of severe disease and who have a high associated mortality risk.

On the other end of the scale, the unvaccinated or incomplete vaccination group consist of those with the lowest risk of severe disease outcomes. The majority of Delta infections are in the younger age groups and so this does not translate into the very large number of hospitalisations seen previously due to the lower morbidity risk. Consequently there are fewer deaths as a proportion of cases.

As an example, for the first wave, the mortality for an over 80-year-old with Covid was 7%, compared to a 20 to 25-year-old of 0.04%. If 100 80-year-olds were infected in the first wave, 7 would be expected to die. It would take approximately 20,000 infections in 20-25 years to match this numerically.