

# 653 Deaths + 12,044 Other Injuries Reported Following COVID Vaccine, Latest CDC Data Show

By Children's Health Defense

Region: <u>USA</u>

Global Research, February 15, 2021

Theme: Intelligence, Science and Medicine

Children's Health Defense 12 February 2021

All Global Research articles can be read in 27 languages by activating the "Translate Website" drop down menu on the top banner of our home page (Desktop version).

\*\*\*

The numbers reflect the latest data available as of Feb. 4 from the CDC's Vaccine Adverse Event Reporting System website. Of the 653 reported deaths, 602 were from the U.S. The average age of those who died was 77, the youngest was 23.

As of Jan. Feb. 4, <u>653 deaths</u> — a subset of <u>12,697 total adverse events</u> — had been reported to the Centers for Disease Control and Prevention's (CDC) <u>Vaccine Adverse Event Reporting System</u> (VAERS) following <u>COVID-19</u> vaccinations. The numbers reflect reports filed between Dec. 14, 2020 and Feb. 4, 2021.

VAERS is the primary mechanism for reporting adverse vaccine reactions in the U.S. Reports submitted to VAERS require further investigation before confirmation can be made that the reported adverse event was caused by the vaccine.

### From the 2/4/2021 release of VAERS data:

## Found 12,697 cases where Vaccine is COVID19

#### Table Event Outcome Count Death 6663 5.14% 1.64% Permanent Disability 2000 Office Visit 18.00% Emergency Room 200 0.18% Emergency Doctor/Room 2,772 21.80% Hospitalized 1,0000 10.00% 4,734 37.28% Recovered Birth Defect 0.12% 15 Life Threatening 400 3.66% 4,569 35.00% Not Serious TOTAL. 116,474 1.129,76% † 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 12597 (the number of cases found), and the Total Percentage is greater then 100.

As of Feb. 10, about 44.77 million people in the U.S. had received one or both doses of a

COVID vaccine. So far, only the <u>Pfizer</u> and <u>Moderna</u> vaccines have been granted Emergency Use Authorization in the U.S. by the U.S. Food and Drug Administration (FDA). By the <u>FDA's</u> <u>own definition</u>, the vaccines are still considered experimental until fully licensed.

According to the latest data, 602 of the 653 reported deaths were in the U.S, and 137 of the deaths were related to cardiac disorder. Fifty-three percent of those who died were male, 44% were female, the remaining death reports did not include the gender of the deceased. The <u>average age</u> of those who died was 77, the youngest reported death was of a 23-year-old. The Pfizer vaccine was taken by 58% of those who died, while the Moderna vaccine was taken by 41%.

As or Feb. 4, there had been <u>163 cases of Bell's Palsy</u> reported and <u>775 reports of anaphylaxis</u>.

As <u>The Defender reported today</u>, the CDC is <u>investigating the Feb. 8 death</u> of a 36-year-old doctor in Tennessee who died about a month after receiving the second dose of a COVID vaccination. According to news reports, Dr. Barton Williams died from the adult form of <u>multisystem inflammatory syndrome</u> (MIS-A), a condition caused when the immune system attacks the body resulting in multi-system organ failure. New reports attributed the death to a reaction to an asymptomatic case of COVID, although Williams <u>never tested positive</u> for the virus.

On Feb. 8, <u>Fox5 reported</u> the death of a man in his 70s who collapsed and died Feb. 7 as he was leaving the Javits Center in Manhattan about 25 minutes after receiving a COVID vaccination.

On Feb. 7, a local Villa Hills, Kentucky <u>news site reported</u> on the deaths of two nuns following a "COVID-19 outbreak" that occurred two days after the nuns were vaccinated. Prior to beginning the vaccination program, there had been no cases of COVID at the monastery, which has been shut down to visitors during the pandemic. After vaccinations began, 28 of the women had tested positive for COVID as of Feb. 7.

The <u>clinical trials</u> suggested that almost all the benefits of COVID vaccination and the vast <u>majority of injuries</u> were associated with the <u>second dose</u>.

The Defender also reported this week that according to the New York Times, several doctors now link the Pfizer and Moderna COVID vaccines to immune thrombocytopenia (ITP), a condition that develops when the immune system attacks platelets (blood component essential for clotting) or the cells that create them. The Times article featured two women who are recovering from ITP after being vaccinated. Last month, Dr. Gregory Michaels died from ITP two weeks after he got the Pfizer vaccine.

While the VAERS database numbers may seem sobering, according to a U.S. Department of Health and Human Services <u>study</u>, the actual number of <u>adverse events</u> is likely significantly higher. VAERS is a <u>passive surveillance system</u> that relies on the willingness of individuals to submit reports voluntarily.

According to the VAERS website, healthcare providers are required by law to report to VAERS:

Any adverse event listed in the VAERS Table of Reportable Events Following

Vaccination that occurs within the specified time period after vaccination.

 An adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine.

<u>The CDC says</u> healthcare providers are strongly encouraged to report:

- Any adverse event that occurs after the administration of a vaccine licensed in the United States, whether or not it is clear that a vaccine caused the adverse event.
- Vaccine administration errors.

However, "within the specified time" means that reactions occurring outside that timeframe may not be reported, in addition to reactions suffered hours or days later by people who don't report those reactions to their healthcare provider.

Vaccine manufacturers are required to report to VAERS "all adverse events that come to their attention."

Historically, fewer than <u>fewer than 1%</u> of adverse events have ever been reported to VAERS, a system that Children's Health Defense has previously referred to as an "abject <u>failure</u>," including in a December 2020 <u>letter</u> to Dr. David Kessler, former FDA director and now cochair of the COVID-19 Advisory Board and President Biden's <u>version</u> of <u>Operation Warp Speed</u>.

A critic familiar with VAERS' shortcomings bluntly condemned VAERS in <u>The BMJ</u> as "nothing more than window dressing, and a part of U.S. authorities' systematic effort to reassure/deceive us about vaccine safety."

CHD is calling for complete transparency. The children's health organization is asking Kessler and the federal government to release all of the data from the clinical trials and suspend COVID-19 vaccine use in any group not adequately represented in the clinical trials, including the elderly, frail and anyone with comorbidities.

CHD is also asking for full transparency in post-marketing data that reports all health outcomes, including new diagnoses of autoimmune disorders, adverse events and deaths from COVID vaccines.

Children's Health Defense asks anyone who has experienced an adverse reaction, to any vaccine, to file a report following these three steps.

\*

Note to readers: please click the share buttons above or below. Forward this article to your email lists. Crosspost on your blog site, internet forums. etc.

Featured image is from Natural News

The original source of this article is <u>Children's Health Defense</u>
Copyright © <u>Children's Health Defense</u>, <u>Children's Health Defense</u>, 2021

## **Comment on Global Research Articles on our Facebook page**

## **Become a Member of Global Research**

Articles by: Children's Health Defense

**Disclaimer:** The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: <a href="mailto:publications@globalresearch.ca">publications@globalresearch.ca</a>

www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: <a href="mailto:publications@globalresearch.ca">publications@globalresearch.ca</a>